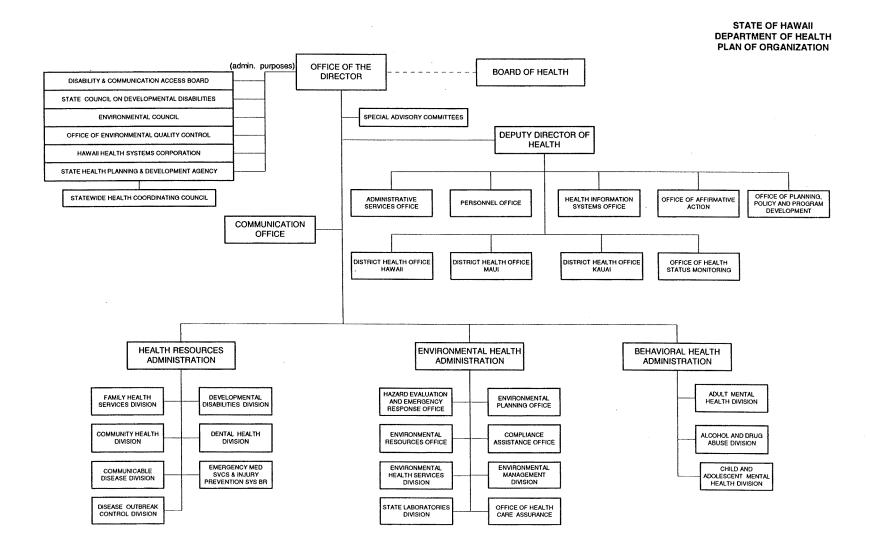


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DEPARTMENT OF HEALTH MAJOR FUNCTIONS

- Plans, directs and administers statewide programs to protect, preserve and improve the physical, mental and environmental health of Hawaii's residents.
- Administers programs for the prevention, control and treatment of infectious and communicable diseases; coordinates bioterrorism preparedness planning activities and integrating these activities with surveillance and response mechanisms.
- Administers community based programs that provide and coordinate health intervention services and support for at-risk families, populations and communities who are most likely to experience unhealthy outcomes. Also provides public health nursing intervention services in the areas of communicable disease, disaster outbreaks care coordination, follow-up and monitoring for at-risk populations and nursing supervision and oversight as well as intervention in the public schools.
- Plans, coordinates and provides statewide mental health services which include treatment, consultative and preventive components for individuals; also plans, coordinates and implements statewide services relative to alcohol and drug abuse.
- Provides services and supports to individuals with developmental disabilities or mental retardation and their families to attain quality of life.

- Administers the statewide emergency medical services system.
- Implements and maintains statewide programs for the control of air pollution; recreational and navigable water pollution; solid and hazardous waste; the purity of drinking water; and the financing, construction, operation and maintenance of public wastewater treatment works. Also implements and maintains programs which provide community health services related to environmental health including public sanitation, vector control, indoor air quality, noise, radiation and the purity of food and drugs.
- Administers a statewide laboratories program which conducts analysis in support of environmental health and communicable disease monitoring and control activities.
- Plans, provides and promotes health services to mothers, children and youth and family planning services. Also promotes optimal oral health for the residents of the State; develops and implements methods for the prevention and early detection of oral diseases and abnormalities and for the control of such conditions when they are not prevented.

MAJOR PROGRAM AREAS

The Department of Health has programs in the following major program areas:

Environme	ntal Protection	Health (con	tinued)
HTH 840	Environmental Management	HTH 710	State Laboratory Services
HTH 849	Environmental Health Administration	HTH 720	Med Facilities - Stds, Inspection, Licensing
HTH 850	Policy Development, Coordination, and	HTH 730	Emergency Medical Services and Injury
	Analysis for Natural Physical Environment		Prevention System
		HTH 760	Health Status Monitoring
Health		HTH 905	Policy Development and Advocacy for
HTH 101	Tuberculosis Control		Developmental Disabilities
HTH 111	Hansen's Disease Services	HTH 906	Comprehensive Health Planning
HTH 121	STD/AIDS Prevention Services	HTH 907	General Administration
HTH 131	Disease Outbreak Control		
HTH 141	Dental Diseases	Social Serv	rices
HTH 180	Chronic Disease Management and Control	HTH 520	Planning Program Development and
HTH 210	Hawaii Health Systems Corporation		Coordination of Services for Persons with
HTH 420	Adult Mental Health – Outpatient		Disabilities
HTH 430	Adult Mental Health – Inpatient	HTH 904	Executive Office on Aging
HTH 440	Alcohol and Drug Abuse		
HTH 460	Child and Adolescent Mental Health		
HTH 495	Behavioral Health Administration		
HTH 501	Developmental Disabilities		
HTH 530	Children with Special Health Needs Services		
HTH 540	Women, Infants and Children Services		
HTH 550	Maternal and Child Health Services		
HTH 570	Public Health Nursing		
HTH 595	Health Resources Administration		
HTH 610	Environmental Health Services		

DEPARTMENT OF HEALTH Department Summary

Mission Statement

To administer programs designed to protect, preserve, care for, and improve the physical and mental health of the people of the State.

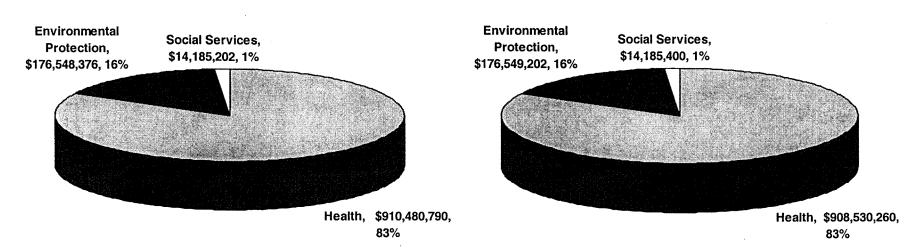
Department Goals

To monitor, protect and enhance the health of all people in Hawaii by providing leadership in assessment, policy development, and assurance to promote health and well-being, to preserve a clean, healthy and natural environment, and to assure basic health care for all.

Significant Measures of Effectiveness	FY 2006	FY 2007
1. Mortality rate (per thousands)	6.4	6.4
2. Average life span of residents (years)	79	79
3. Percentage of reported vaccine preventable diseases investigated	100%	100%

FB 2005-2007 Budget by Major Program

FY 2006 FY 2007



Department of Health (Operating Budget)

	<u>FY</u>	2005 Allocation	<u>FY 2006</u>	<u>FY 2007</u>
Funding Sources:	Positions	2,600.35	2,608.35	2,610.35
General Fund	\$	391,670,941	423,281,537	424,165,531
		2,902.45	2,902.45	2,902.45
Special Funds		424,245,614	470,845,488	468,215,488
		333.55	343.85	343.85
Federal Funds		102,715,041	103,623,296	103,419,796
		3.00	3.00	3.00
Interdepartmental 7	Transfers	3,082,001	3,099,449	3,099,449
		62.40	63.40	63.40
Revolving Funds		100,241,961	100,364,598	100,364,598
		5,901.75	5,921.05	5,923.05
Total Requirements	· Manager	1,021,955,558	1,101,214,368	1,099,264,862

Highlights of the Executive Biennium Budget Request:

- 1. Added general funds of \$3,134,427 and 8.00 positions in FY 06 and \$3,118,427 and 8.00 positions in FY 07 and special funds of \$9,460,589 in both years for community mental health centers and purchase of services for adult mental health.
- 2. Added general funds of \$7,219,382 in FY 06 and \$8,494,717 in FY 07 to meet state matching requirements under the Medicaid Home and Community Based Waiver for developmental disabilities.
- 3. Added general funds of \$2,808,755 in both years to fund additional collective bargaining requirements for emergency medical services employees.
- 4. Added general funds of \$1,000,000 in both years to fund aeromedical services for Maui County.
- 5. Added general funds of \$2,750,000 in both years to fund comprehensive medical and health care services for Molokai General Hospital, Kahuku Hospital on Oahu, and Hana Community Health Center on Maui.
- 6. Added general funds of \$1,700,000 in both years for primary care services for the uninsured.
- 7. Added general funds of \$3,090,000 in both years for community based substance abuse prevention services, adolescent school based prevention and residential treatment services.
- 8. Added special funds of \$46,485,091 and 6.00 temporary positions in FY 06 and \$43,855,091 and 6.00 temporary positions in FY 07 to reflect additional receipts and related positions.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

PROGRAM STRUCTURE NO.

PROGRAM TITLE: DEPARTMENT OF HEALTH

		IN DOLL	ARS	!		IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	5,922.75*	5,895.00*	5,921.05*	5,923.05*	5,923.1*	5.923.1*	5.923.1*	5,923.1*
PERSONAL SERVICES	345,954,072	371,919,593	387,151,883	387,687,896	387,689	387,689	387,689	387,689
OTHER CURRENT EXPENSES	572,745,231	, , , ,	712,753,449					710,759
EQUIPMENT	1,499,757		1,309,036	855,336				,
MOTOR VEHICLE	114,600	122,000	1,307,036	022,330	818	818	818	818
					··· ·· · · · · · · · · · · · · · · · ·			
TOTAL OPERATING COST	920,313,660	979,372,671	1,101,214,368	1,099,264,862	1,099,266	1,099,266	1,099,266	1,099,266
BY MEANS OF FINANCING				!				
	2,628.35*	2,599.60*	2,608.35*	2,610.35*	2,610.4*	2,610.4*	2,610.4*	2,610.4*
GENERAL FUND	366,117,068	388,225,175	423,281,537	424,165,531	424,167	424,167	424,167	424,167
	2,901.45*	2,902,45*	2,902.45*	2,902.45*	2,902.5*	2.902.5*	2,902.5*	2,902.5*
SPECIAL FUND	347,375,593	386,803,197	470,845,488	468,215,488	468,216	468,216	468,216	468,216
	327.55*	327.55*	343.85*	343.85*	343.8*	343.8*	343.8*	343.8*
OTHER FED. FUNDS	103,609,295	101,027,364	103,623,296	103,419,796	103,419	103,419	103,419	103,419
	3.00*	3.00*	3.00*	3.60*	3.0*	3.0*	3.0*	3.0*
INTERDEPT. TRANSFER	3,074,974	3,074,974		3,099,449	3,099	3,099	3,099	
THE PERSON AND LINE	62.40*	62.40*	63.40*	63.40*				3,099
REVOLVING FUND	100,136,730	100,241,961	100,364,598	100,364,598	63.4* 100,365	63.4* 100,365	63.4* 100,365	63.4* 100,365
CAPITAL IMPROVEMENT COSTS								
PLANS		197,000	375,000	125,000				
DESIGN	3,713,000	949,000	3,163,000	1,893,000				
CONSTRUCTION	43,668,000	43,328,000	52,991,000	28,231,000				
EQUIPMENT	701,000	2,496,000	175,000	275,000				
TOTAL CAPITAL EXPENDITURES	48,082,000	46,970,000	56,704,000	30,524,000	=======	=======		=======
BY MEANS OF FINANCING				,				
G.O. BONDS	20 (00 000	20 /00 000	10 000 000	11 057 000				
OTHER FED. FUNDS	29,600,000		19,909,000	11,957,000				
OTHER FED. FUNDS	18,482,000	18,482,000	36,795,000	18,567,000				
TOTAL POSITIONS	5,922.75*	5,895.00*	5,921.05*	5,923.05*	5,923.10*	5,923.10*	5,923.10*	5,923.10*
TOTAL PROGRAM COST		1,026,342,671		1,129,788,862	1,099,266	1,099,266	1,099,266	1,099,266
		=======================================	=======================================	=======================================			=======	=======
				i i				

Department of Health (Capital Improvements Budget)

	FY 2006	FY 2007
Funding Sources:		
General Obligation Bonds	14,274,000	9,989,000
Federal Funds	36,795,000	18,567,000
Total Requirements	51,069,000	28,556,000

Highlights of the Executive CIP Budget Request (general obligation bond funds ex

- 1. Provided \$2,053,000 and \$10,264,000 in federal funds in both years for wastewater projects capitalization grants.
- 2. Provided \$1,661,000 and \$8,303,000 in federal funds in both years for drinking water projects capitalization grants.
- 3. Provided \$645,000 in FY 06 and \$4,590,000 in FY 07 for improvements to Department of Health facilities, statewide.
- 4. Provided \$4,355,000 in FY 06 and \$410,000 in FY 07 for new facilities and improvements to Hawaii State Hospital, Oahu.
- 5. Provided \$5,560,000 in FY 06 and \$1,275,000 in FY 07 for various life safety projets for the Hawaii Health Systems Corporation (HHSC).
- 6. Provided \$18,228,000 in federal funds in FY 06 to establish a federal fund expenditure ceiling for HHSC's Hilo Veterans Home.

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

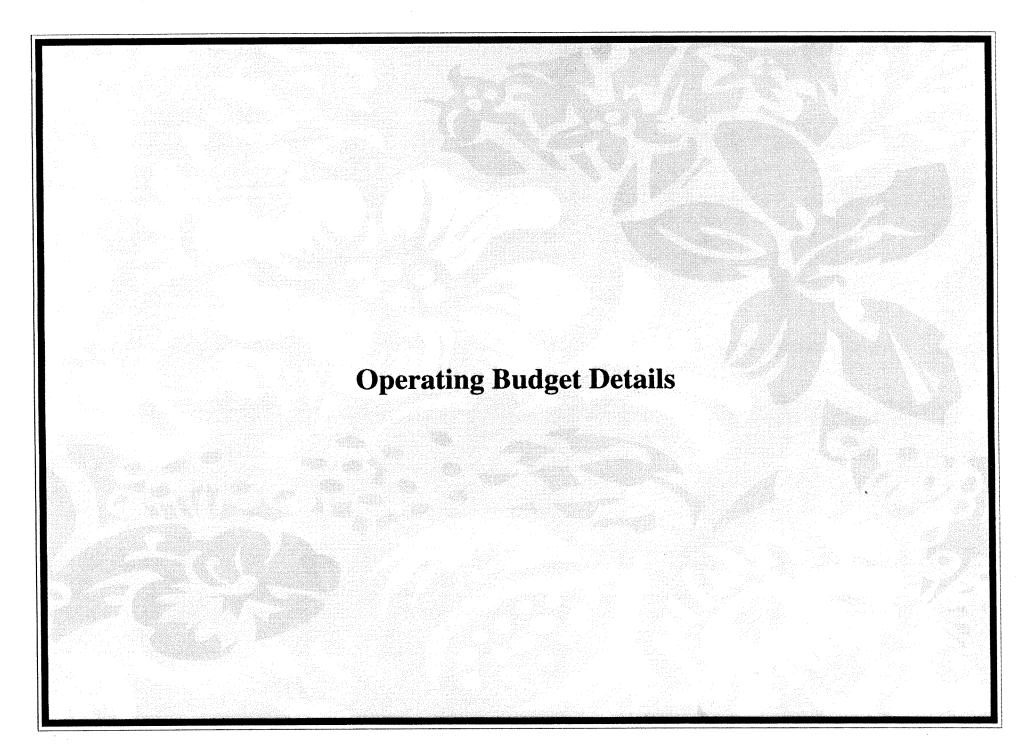
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PROGRAM STRUCTURE NO.

PROGRAM TITLE

DEPARTMENT OF HEALTH

RIORITY L NUMBER	OC SCOPE	PRO	PROJECT TITLE			BUDGET B						
 C	OST ELEMENT/M	PROJECT OF TOTAL	PRIOR YRS	FY 03-04	FY 04-05	BUDGET P FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEE! YEARS
L	LANS AND	2,227 5,809	1,141 2,550	1 2,901	585 358	500						
С	ESIGN ONSTRUCTION QUIPMENT	23,294 817,917 6,712	11,081 659,876 4,762	2,876 30,321 1,001	4,281 54,101 499	5,005 45,389 175	51 28,230 275					
_	TOTAL	855,959	679,410	37,100	59,824	51,069	28,556					
	.O. BONDS EVENUE BONDS	360,652 9,000	276,429 9,000	18,618	41,342	14,274	9,989					·
0	THER FED. FUN	486,307	393,981	18,482	18,482	36,795	18,567					



		• .

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

PROGRAM STRUCTURE NO. 04

PROGRAM TITLE:

ENVIRONMENTAL PROTECTION

	IN DOLL	ARS	!		TN THOUS	ANDS	
FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
252.00*	251.00*	253.00*	253.00*	253.0*	253.0*	253.0*	253.0*
13,718,941				14,768	14,768	14,768	14,768
106,864,295	129,770,795	161,771,971	161,771,971	161,771	161,771	161,771	161,771
90,500	100,500	10,000	10,000	10	10	10	10
120,673,736	144,155,711	176,548,376	176,549,202	176,549	176,549	176,549	176,549
	•						
							74.5*
, ,				,	,		4,401
• – .					-		50.2*
				•	,		60,501
							64.9*
		, ,					11,282
							63.4*
100,130,730	100,241,761	100,364,576	100,364,976	100,369	100,369	100,365	100,365
			!				
22,179,000	22,179,000	22,281,000	22,281,000				
22,179,000	22,179,000	22,281,000	22,281,000				
		= 75 \$ ### ### ### ######################			========		
			1				
3 497 000	2 (07 000	2 714 000	2.71/ 000				
		, ,					
10,402,000	10,482,000	10,567,000	18,567,000				
252.00*	251.00*	253.00*	253.00*	253.00*	253.00*	253.00*	253.00*
142,852,736	166,334,711	198,829,376	198,830,202	176,549	176,549		176,549
			=======================================		=======	========	=======
	75.50* 4,163,684 50.20* 8,343,064 63.90* 8,030,258 62.40* 100,136,730 22,179,000	FY2003-04 FY2004-05 252.00* 251.00* 13,718,941 14,284,416 106,864,295 129,770,795 90,500 100,500 120,673,736 144,155,711	FY2003-04 FY2004-05 FY2005-06 252.00* 251.00* 253.00* 13,718,941 14,284,416 14,766,405 106,864,295 129,770,795 161,771,971 90,500 100,500 10,000 120,673,736 144,155,711 176,548,376	FY2003-04 FY2004-05 FY2005-06 FY2006-07 252.00* 251.00* 253.00* 253.00* 13,718,941 14,284,416 14,766,405 14,767,231 106,864,295 129,770,795 161,771,971 161,771,971 90,500 100,500 10,000 10,000 120,673,736 144,155,711 176,548,376 176,549,202	FY2003-04 FY2004-05 FY2005-06 FY2006-07 FY2007-08 252.00* 251.00* 253.00* 253.00* 253.00* 253.00* 13,718,941 14,284,416 14,766,405 14,767,231 14,768 106,864,295 129,770,795 161,771,971 161,771,971 161,771,971 90,500 100,500 10,000 10,000 10 120,673,736 144,155,711 176,548,376 176,549,202 176,549 75.50* 74.50* 74.50* 74.50* 74.50* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 63.90* 63.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 62.40* 62.40* 62.40* 62.40* 63.	FY2003-04 FY2004-05 FY2005-06 FY2006-07 FY2007-08 FY2008-09 252.00* 251.00* 253.00* 253.00* 253.00* 253.00* 253.00* 13,718,941 14,284,416 14,766,405 14,767,231 14,768 14,768 106,864,295 129,770,795 161,771,971 161,771,971 161,771 161,771 90,500 100,500 10,000 10,000 10 10 10 120,673,736 144,155,711 176,548,376 176,549,202 176,549 176,549 75.50* 74.50* 74.50* 74.50* 74.50* 74.50* 74.50* 74.55* 4,163,884 4,274,557 4,400,547 4,401,373 4,401 4,401 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 50.20* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 64.90* 63.40* 62.40* 62.40* 62.40* 62.40* 63.40*	252.00* 251.00* 253.00

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH840

PROGRAM STRUCTURE NO. 040101

PROGRAM TITLE:

ENVIRONMENTAL MANAGEMENT

		IN DOLL	ARS	!		TN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT	204.00*	203.00* 11,563,333 125,424,727 10,000		205.00* 11,987,564 157,335,403	157,335	157,335		205.0* 11,988 157,335
TOTAL OPERATING COST	114,732,778	136,998,060	169,332,364	169,332,967	10 169,333	10 169,333	10 169,333	10 169,333
BY MEANS OF FINANCING				1				
GENERAL FUND	55.00* 3,111,909 50.20*	54.00* 3,175,829 50.20*	54.00* 3,257,171 50.20*	54.00* 3,257,774	54.0* 3,258	54.0* 3,258	54.0* 3,258	54.0× 3,258
SPECIAL FUND	8,343,064 46.40*		60,500,843	50.20* 60,500,843	50.2* 60,501	50.2* 60,501	,	50.2× 60,501
OTHER FED. FUNDS	6,082,129 52.40*	6,082,129 52.40*	8,184,259 53,40*	47.40* 8,184,259	47.4* 8,184	47.4* 8,184		47.4° 8,184
REVOLVING FUND	97,195,676	97,281,167		53.40* 97,390,091	53.4* 97,390	53.4* 97,390	53.4* 97,390	53.4 97,390
CAPITAL IMPROVEMENT COSTS CONSTRUCTION	22,179,000	22,179,000	22,281,000	22,281,000				
TOTAL CAPITAL EXPENDITURES	22,179,000	22,179,000	22,281,000	22,281,000				=======================================
BY MEANS OF FINANCING				,				
G.O. BONDS OTHER FED. FUNDS	3,697,000 18,482,000	3,697,000 18,482,000	3,714,000 18,567,000	3,714,000 18,567,000				
TOTAL POSITIONS TOTAL PROGRAM COST	204.00* 136,911,778	203.00* 159,177,060	205.00* 191,613,364	205.00* 191,613,967	205.00* 169,333	205.00* 169,333	205.00* 169,333	205.00 ³ 169,333

PROGRAM ID:

HTH-840

PROGRAM STRUCTURE NO: 040101

PROGRAM TITLE:

ENVIRONMENTAL MANAGEMENT

		FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASU	RES OF EFFECTIVENESS								
1	% COVERED SOURCES IN COMPL W/AIR RULES/PERMITS	88	90	90	90	90	90	90	90
2	% WASTEMTR EFFL/BIOSOLIDS REUSED FOR BENEF PURPS	14	14	14	14	14	14	14	14
3	% WASTEWATER DISCHARGERS IN COMPL W/PERMITS	96	96	96	96	96	96	96	96
4	% MARINE REC SITES IN COMPL W/RULES	100	100	100	100	100	100	100	100
5	% PUBLIC DRINKING WATER SYS MEETING STATE REQMTS	97	92	92	92	92	92	92	92
6	% INJECTION WELL FACILITIES W/VALID UIC PERMIT	56	57	57	57	57	57	57	57
7	% HAZARDOUS WASTE FACILITIES IN COMPLIANCE	60	60	60	60	60	60	60	60
8	% UNDERGRD STORAGE TANK FAC IN COMPLIANCE	87	87	87	87	87	87	87	87
9	# WASTEWATER TRIMT WORKS APPLICATIONS COMPLETE	100	100	100	100	100	100	100	100
10	% WASTEWATER SYSTEMS IN COMPL W/RULES	90	90	90	90	90	90	90	90
PROGR	AM TARGET GROUPS								
1	# COVERED AIR POLLUTION SOURCES (CLEAN AIR)	135	135	135	135	135	135	135	135
2	#EXSTG TRTMT WORKS PROD RECLAIMD WTR/BIOSOLIDS	44	44	44	44	44	44	44	44
3	# MAJOR & MINOR WASTEWATER DISCHARGERS	67	67	67	67	67	67	67	67
4	# MARINE RECREATIONAL SITES	134	134	134	134	134	134	134	134
5	# PUBLIC DRINKING WATER SYSTEMS	135	133	133	133	133	133	133	133
6	# UNDERGROUND INJECTION WELL FACILITIES	935	950	950	950	950	950	950	950
7	# HAZ WASTE TRIMT/STORAGE/GENERATOR FACILITIES	450	450	450	450	450	450	450	450
8	# UNDERGRD STORAGE TANK FACILITIES REGISTERED	3190	3200	3200	3200	3200	3200	3200	3200
9	# CONST LOAN PROJECT APPLICATIONS RECEIVED	2	2	2	2	2	2	2	2
10	# EXISTG TRTMT WKS & TRTMT INDIV WASTEWTR SYSTEMS	19460	22578	22578	22578	22578	22578	22578	22578
PROGR	AM ACTIVITIES								
1	# INSPECTION OF COVERED AIR POLLUTION SOURCES	130	135	135	135	135	135	135	135
2	#INDIV WW SYS/BLDG PERMIT APPS REVIEW/APPRVD	990	990	990	990	990	990	990	990
3	#OPER, MAINT & COMPLT INSPECTNS OF WASTEWER DISCH	300	300	300	300	300	300	300	300
4	# MICROBIOL & CHEM ANALYSES FOR MARINE WATER QUAL	3114	5620	5620	5620	5620	5620	5620	5620
5	# SYSTEMS MONITRD FOR COMPL W/FORMAL ENF ORDERS	1	2	2	2	2	2	2	2
6	# INJECTION WELL APPLICATIONS PROCESSED	109	72	72	72	72	72	72	72
7		80	80	80	80	80	80	80	80
8	# UNDERGRD STORAGE TANK FACIL EVAL/INSPECTED	554	500	500	500	500	500	500	500
9 10	# CONST LOAN APPLICATIONS RECEIVED #OP/MAINT/CONST INSP/INVGTN/ENF ACT AT WW FAC	2 2633	6 3000	6 3000	6 3000	6 3000	6 3000	6	6
	RAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):	2000	3000	3000	3000	3000	3000	3000	3000
T	AXES								
	ICENSES, PERMITS AND FEES	. 70	70	70	70	70	70	70	70
	EVENUES FROM THE USE OF MONEY AND PROPERTY	7.855	7,854	7,854	7,854	7,854		70	70
	EVENUE FROM OTHER AGENCIES: FEDERAL	25,867	25,816	25,815	25,814	25,814	7,854	7,840	7,840
	ALL OTHER	25,001	25,010	25,015	25,614	23,614	25,814	25,814	25,814
CI	HARGES FOR CURRENT SERVICES	11,761	36,879	57,014	59,960	59,903	59.847	59,790	59,790
	INES, FORFEITS AND PENALTIES	,	,,	5	57,700	57,703	5,047	57,770	57,790
N	ON-REVENUE RECEIPTS	10,161	10,161	10,161	10,162	10,162	10,162	10,162	10,162
	TOTAL PROGRAM REVENUES	55,714	80,780	100,919	103,865	103,808	103,752	103,681	103,681

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PROGRAM ID:

HTH-840

PROGRAM STRUCTURE NO: 040101

PROGRAM TITLE:

ENVIRONMENTAL MANAGEMENT

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
CENTER A CUNO								
GENERAL FUND	70	70	70	70	70	70	70	70
ALL OTHER FUNDS	37,363	37,311	37,262	37,207	37,150	37,094	37.023	37.023
SPECIAL FUNDS	18,282	43,400	63,588	66,588	66,588	66,588	66,588	66,588
TOTAL PROGRAM REVENUES	55,715	80,781	100,920	103,865	103,808	103,752	103.681	103.681

A. <u>Statement of Program Objectives</u>
 To preserve and enhance environmental quality as it relates to human and ecological health in Hawaii.

FY 2006

\$2,102,130N

\$29.973.750B

FY 2007

\$2,102,130N

\$29,973,750B

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>
The budget includes the following additions:

Increase the Federal Fund Ceiling
Increase the federal fund ceiling by \$2,102,130
to permit the Polluted Runoff Control Unit of the
Clean Water Branch to conduct public
education and outreach activities and fund nonpoint source demonstration projects throughout
the state.

Request to Raise Allocation Ceiling for Deposit Beverage Container Special Fund Implementation of the beverage container law (Act 176, SLH 2002 and Act 241, SLH 2004) will begin on January 1, 2005. Success will depend on the cooperation of the beverage industry, retailers, recyclers and the counties. Community involvement and education coordination will require dedicated and trained staff. The Department of Health's FY05 operating budget included \$22 million for the first 6 months of the program. The budget request reflects the requirements for a 12 month period.

Establish a Permanent Data Processing System Analyst (DPSA) IV position FY2006 (1.00) \$49,535W FY2007 (1.00) \$49.535W

This request is to establish a permanent position in the Wastewater Branch to manage and maintain the Northbridge data system software that was developed specifically for the State Water Pollution Control Revolving Fund (WPCRF) and the State Drinking Water Treatment Revolving Loan Fund (DWTRLF) programs in conjunction with Environmental Protection Agency (EPA). This individual will also handle the data processing needs of the Branch's other water quality programs

Convert Temporary Chemist to Permanent
This request is to transfer in a permanent count
only from Clerk Typist II (#94411H) in HTH
720/MP to convert a temporary Chemist III
(Position No. 112608) to permanent due to
recruitment difficulties.

(1.00) (1.00) ON ON

C. Description of Activities Performed

- Technical Review: Evaluate the actual or potential for environmental pollution from natural and manmade sources and administer the State's wastewater and drinking water facilities construction and improvement programs.
- Permitting: Issue permits for the control of air, water and underground discharges and for solid waste management and disposal.
- 3. Monitoring and Inspection: Monitor and evaluate the effects of pollutants on ambient conditions throughout the State.
- Investigation and Enforcement: Investigate complaints, inspect sources, and initiate appropriate action to correct violations.
- Other: Provide technical assistance to various private and public agencies.

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 Emergency preparedness: Prepare for disasters and other emergency, particularly from terrorist acts against drinking water systems and from sewage spills.

D. Statement of Key Policies Pursued

The major strategy in environmental management is the use of regulatory power to force compliance by dischargers to standards set by the Department of Health. The Department's policy has been to use permits and variances as the principal mechanism, working with dischargers to set schedules for compliance and utilizing enforcement actions for major discharges.

The water pollution control strategy is to attack water pollution in the areas where it is serious and where it results from the discharge of point sources and controllable nonpoint sources. The overall air pollution strategy is to maintain control over stationary sources. A new direction will be taken with the development of an air toxics program whereby specific air toxic will be monitored for quantified and assessed for potential health impacts.

In solid waste management, departmental policy is to continually upgrade facilities through regulation and technical assistance to meet environmental standards and to encourage recycling and resource recovery.

The hazardous waste management program strategy is to assure that generators either 1) recover their wastes for reuse or 2) dispose of their wastes by permitted incineration or by shipping out-of-state for disposal in a Federally-permitted facility.

The safe drinking water program is a surveillance, monitoring and enforcement program to insure that water purveyors are providing safe drinking water that is in compliance with applicable standards.

E. <u>Identification of Important Program Relationships</u>

1. Intradepartmental

The Laboratories Division of the Department of Health provides laboratory support for the pollution control programs, including analyses of samples and the preparation of laboratory reports.

2. Interagency

The major interagency relationship of the environmental management programs is with the U.S. Environmental Protection Agency. At the State level, programs are coordinated with Department of Land and Natural Resources, Department of Transportation, Department of Agriculture, the Department of Business, Economic Development, and Tourism and Department of the Attorney General.

- F. <u>Description of Major External Trends Affecting the Program</u>
 The federal government, through various laws enacted by Congress, has a major effect on the State environmental management programs by mandating minimum requirements without adequate funding.
- G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>
 Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State have resulted in our inability to accomplish desired goals.
- H. <u>Discussion of Program Revenue</u>

The major source of income for this program is Federal grants administered by the U.S. Environmental Protection Agency and funded pursuant to the Federal Water Pollution Control Act, Clean Air Act, the Resource Conservation and Recovery Act, and the Safe Drinking Water Act.

- Summary of Analysis Performed Not applicable.
- J. <u>Further Consideration</u> None

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REPORT P61-A

PROGRAM ID:

HTH849

PROGRAM STRUCTURE NO. 040303

PROGRAM TITLE:

ENVIRONMENTAL HEALTH ADMINISTRATION

	***						IN THOUSANDS					
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11				
OPERATING COST	43.00*	43.00*	43.00*	43.00*	43.0*	43.0*	43.0*	43.0*				
PERSONAL SERVICES	2,449,471	2,491,164	2,535,535	2,535,700	2,536	2,536	2,536	2,536				
OTHER CURRENT EXPENSES EQUIPMENT	3,127,865 80,500	4,292,865	4,383,365	4,383,365	4,383	4,383	4,383	4,383				
EGOTTHERI	80,500	90,500		i								
TOTAL OPERATING COST	5,657,836	6,874,529	6,918,900	6,919,065	6,919	6,919	6,919	6,919				
	二年社会社会社会社会社会					25562522C						
BY MEANS OF FINANCING				i								
	15.50*	15.50*	15.50*	15.50*	15.5*	15.5*	15.5*	15.5*				
GENERAL FUND	768,653	815,606	846,264	846,429	846	846	846	846				
	17.50*	17.50*	17.50*	17.50*	17.5*	17.5*	17.5*	17.5*				
OTHER FED. FUNDS	1,948,129	3,098,129	3,098,129	3,098,129	3,098	3,098	3,098	3,098				
	10.00*	10.00*	10.00*	10.00*	10.0*	10.0*	10.0*	10.0*				
REVOLVING FUND	2,941,054	2,960,794	2,974,507	2,974,507	2,975	2,975	2,975	2,975				
TOTAL POSITIONS	43.00*	43.00*	43.00*	43.00*	43.00*	43.00*	43.00*	43.00*				
TOTAL PROGRAM COST	5,657,836	6,874,529	6,918,900	6,919,065	6,919	6,919	6,919	6,919				
					=======		========	*****				

PROGRAM ID:

HTH-849

PROGRAM STRUCTURE NO: 040303

PROGRAM TITLE:

ENVIRONMENTAL HEALTH ADMINISTRATION

	FY03-04	FY04-05	FY0506	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % OF SPILLS RESPONSES/CLEAN UPS INVESTIGATED	28	30	30	30	30	30	30	30
2 % COMPLETE CHEM INVENTORIES REPORTED 3 % OF TARGET GROUP THAT HAVE BEEN ASSISTED	92 10	100 10						
PROGRAM TARGET GROUPS								
1 # OF OIL/CHEMICAL/HAZARDOUS MATERIAL SPILLS	385	400	400	400	400	400	400	400
2 # KNOWN FACIL REQUIRED TO REPORT CHEM INVENTORIES 3 # PERSONS AFFECTED BY/OR INQ ABOUT ENVIRON HAZARDS	832 100000	900 100000						
PROGRAM ACTIVITIES								
1 # OIL/CHEM/HAZMAT SPILLS INVESTIGATED	108	198	198	198	198	198	198	198
2 # FACIL REPTG COMPLETE CHEM INVENTORIES 3 # INVESTIG OR RESPONSES OF ENV ILLNESS/INJURY	900 900	1184 960						
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	1,175	1,005	1,005	1,005	1,005	1,005	1,005	1,005
CHARGES FOR CURRENT SERVICES	100	100	100	100	100	100	100	100
FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	965	640 2,500	640	640	640	640	640	640
		·						
TOTAL PROGRAM REVENUES	4,040	6,045	3,545	3,545	3,545	3,545	3,545	3,545
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
GENERAL FUND		2,000						
ALL OTHER FUNDS SPECIAL FUNDS	2,865 1.175	3,040 1,005	2,540 1,005	2,540 1,005	2,540 1,005	2,540 1,005	2,540 1,005	2,540 · 1,005
	,		•	•	1,005	1,005	1,005	1,005
TOTAL PROGRAM REVENUES	4,040	6,045	3,545	3,545	3,545	3,545	3,545	3,545

A. Statement of Program Objectives

To formulate environmental policy; direct operations and personnel; and provide other administrative, planning, hazard evaluation, and emergency response services.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The Environmental Health Administration has no requests at this time. The budget submitted is to continue current level of services.

C. Description of Activities Performed

The major activities in this program are:

- Administration: Establish and implement policies for environmental programs to prevent and/or reduce to acceptable levels environmental pollution and to protect the community from unsanitary or hazardous conditions.
- 2. Planning: Provide short- and long-term planning, information management, and program evaluation services for all programs in Environmental Health Administration.
- Hazard Evaluation & Emergency Response: Provide the evaluation and surveillance of environmental hazards and emergency and other response to and remediation of environmental agents.
- 4. Resource Control: Plan, direct, and review fiscal and personnel planning, programming, and budgeting activities for Environmental Health Administration.

D. Statement of Key Policies

Environmental Health Administration policies are discussed in the Department's Environmental Management, HTH 840, and Environmental Health Services, HTH 610. In addition to the above, Environmental Health Administration establishes policy for all environmental programs, provides administrative services, develops new programs, and provides response to environmental emergencies.

E. Identification of Important Program Relationships

- Intradepartmental
 The Laboratories Division of the Department of Health provides laboratory support for the environmental programs, including analyses of samples and the preparation of laboratory reports.
- 2. Interagency
 The primary interagency relationship is with the U.S.
 Environmental Protection Agency, Region 9, which provides
 guidelines and funding for fourteen major programs. The U.S.
 Food and Drug Administration provides guidelines for the more
 traditional public health programs. Close interagency
 relationships are maintained with the State Department of
 Transportation, Department of Land and Natural Resources,
 Department of Agriculture, the Department of Business,
 Economic Development, and Tourism and Department of the
 Attorney General.

The Federal government, through various laws enacted by Congress, has a major effect on the State environmental programs due the enactment of new programs and the revision of requirements of existing programs. These changes include the establishment of minimum requirements without increased funding. Anti-terrorism needs are now a serious element.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State has resulted in extensive prioritizing in order to accomplish desired goals.

H. Discussion of Program Revenues

The Federal grants continue to be the main source of outside revenue for the programs. Another source of income is from various environmental activities, fines, cost recovery, special charges, etc., that are placed into the Environmental Response Revolving Fund.

I. Summary of Analysis Performed

Not applicable.

J. <u>Further Consideration</u>

None

REPORT P61-A

PROGRAM ID:

HTH850

PROGRAM STRUCTURE NO. 040301

PROGRAM TITLE:

POLICY DVLPMENT, COORD & ANLYS FOR NAT P

		IN DOLL	ARS			IN THOUS	SANDS	· · · · · · · · · · · · · · · · · · ·
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
PERSONAL SERVICES	229,919	229,919	243,909	243.967	244	244	244	244
OTHER CURRENT EXPENSES	53,203	53,203	53,203	53,203	53	53	53	53
TOTAL OPERATING COST	283,122	283,122	297,112	297,170	297	297	297	297
				=======================================				= = = = = = = = = = = = = = = = = = =
BY MEANS OF FINANCING				!				
	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
GENERAL FUND	283,122	283,122	297,112	297,170	297	297	297	297
TOTAL POSITIONS	5.00*	5.00*						
TOTAL PROGRAM COST			5.00*	5.00*	5.00*	5.00*	5.00*	5.00*
TOTAL FROOMAN COST	283,122	283,122	297,112	297,170	297	297	297	297
		=========					========	*******

REPORT P62

PROGRAM ID:

HTH-850

PROGRAM STRUCTURE NO: 040301

PROGRAM TITLE:

POLICY DVLPMENT, COORD & ANLYS FOR NAT P

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % ENV ASSMTS & EIS REVIEWED, PUBL IN OEQC BULLETIN	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS								
1 GENERAL POPULATION	1303000	1304000	1305000	1306000	1307000	1308000	1308000	1308000
PROGRAM ACTIVITIES								
1 # POS, POL ON ENVIRMTL ISSUES DEV FOR GOV & LEG 2 ENV ASSMT IMPACT STATEMT ANALYSES (PERSON-DAYS) 3 # ENVIRONMENTAL EDUCATION PROJECTS	1 420 2							

PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):

TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER

CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS

TOTAL PROGRAM REVENUES

A. Statement of Program Objectives

To assist in restoring, protecting and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of governmental agencies, industrial groups and citizens.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

Not Applicable.

C. <u>Description of Activities Performed</u>

The program objectives include implementation of Chapter 341, HRS as amended. Within this statute actions are encouraged which: 1) abate existing pollution of Hawaii's environment; 2) prevent environmental degradation and enhance environmental quality; 3) stimulate greater knowledge of the environment through education of the public.

Activities performed to implement these objectives include: 1) operation of the Environmental Impact Statement process (HRS 343); 2) support of the Environmental Council (HRS 341); 3) stimulating new environmental initiatives in the public and private sectors, especially through programs of environmental education; 4) aiding the State Executive agencies in fulfilling their environmental obligations; and 5) public participation through the Environmental Council.

D. Statement of Key Policies Pursued

The key policies which govern this program are those in Chapters 341 and 343, HRS. These policies contend that Hawaii's environment and economy are of equal importance, and the environment shall receive full consideration in all actions or decisions which may affect it. The environmental impact statement process and the Environmental Council assure that the economic, physical, social and other benefits and impacts of proposed actions are identified and assessed. OEQC also initiates new environmental activities and informs agencies and the public about viable means of protecting, conserving, or reusing valuable natural and man-made resources.

E. <u>Identification of Important Program Relationships</u>

Program relationships extend to virtually every agency of State and County government as well as the Federal agencies. All actions with environmental impact fall within OEQC purview. This extends to private industry, citizens and organizations. Within the State government, the environmental aspects of each agency's operations are subject to OEQC guidance and coordination, and when requested by the Governor, direction by OEQC.

F. Description of Major External Trends Affecting the Program

External trends which affect this program are diverse. Major ones include:

1) Federal, State, and local laws; 2) the state of the economy; 3) the increasing awareness of citizens on matters relating to the environment; 4) official plans or constraints which influence private actions and the environment.

G. Discussion of Cost, Effectiveness, and Program Size Data

The scope of OEQC's program effort is exceedingly broad. Existing staff levels allow for the fulfilling of the mandate provided in HRS 343 to administer the environmental review system. The disclosure process is to inform all citizens of projects and their effect to the environment, economic development, social and cultural impacts.

H. Discussion of Program Revenues

No direct program revenues accrue to OEQC.

I. Summary of Analysis Performed

No current analysis has been performed.

J. Further considerations

Major environmental considerations include: 1) elevating environmental responsibility in actions by state and county governments; 2) developing specific programs and actions to implement Hawaii's Environmental Policies and Guidelines Act; 3) emphasizing environmental education; 4) defining additional policies to achieve and maintain environmental stability during times of economic and population growth; and 5) streamline process.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

PROGRAM STRUCTURE NO. 05

PROGRAM TITLE:

HEALTH

		IN DOLL/	ARS	!		IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007~08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	5,654.75*	5,628.00*	5,652.05*	5,654.05*	5,654.1*	5,654.1*	5.654.1*	5,654.1*
PERSONAL SERVICES	330,332,815	355,732,861	370,413,285	370,948,274	370,949	370,949	370.949	370.949
OTHER CURRENT EXPENSES	453,773,227	463,517,751	538,768,469	536,736,650	536,775	536,775	536.775	536,775
EQUIPMENT	1,409,257		1,299,036	845,336	808	808	808	808
MOTOR VEHICLE	114,600	122,000	2,277,000	313,000	505	000	600	000
TOTAL OPERATING COST	785,629,899	820,996,335	910,480,790	908,530,260	908,532	908,532	908,532	908,532
					========		****	========
BY MEANS OF FINANCING				!				
	2,544.30*	2,516.55*	2,525.30*	2,527.30*	2.527.3*	2.527.3*	2,527.3*	2.527.3*
GENERAL FUND	355,072,679	376,859,313	411,847,108	412,730,078	412,732	412,732	412,732	412,732
	2,851.25*	2,852.25*	2,852.25*	2.852.25*	2.852.3*	2,852.3*	2,852.3*	2,852.3*
SPECIAL FUND	339,022,529	356,334,262	410,334,645	407,704,645	407,705	407,705	407,705	407,705
	256.20*	256.20*	271.50*	271.50*	271.5*	271.5*	271.5*	271.5*
OTHER FED. FUNDS	88,459,717	84,727,786	85,199,588	84.996.088	84,996	84,996	84,996	84,996
	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*
INTERDEPT. TRANSFER	3,074,974	3,074,974	3,099,449	3,099,449	3,099	3,099	3,099	3,099
CAPITAL IMPROVEMENT COSTS		•						
PLANS		107 000	075 000					
DESIGN		197,000	375,000	125,000				
	3,703,000	909,000	3,163,000	1,893,000				
CONSTRUCTION	21,489,000	20,699,000	30,710,000	5,950,000				
EQUIPMENT	701,000	2,496,000	175,000	275,000				
TOTAL CAPITAL EXPENDITURES	25,893,000	24,301,000	34,423,000	8,243,000				
			5305 ##43#4555	=======================================				
BY MEANS OF FINANCING								
G.O. BONDS	25,893,000	24,301,000	16,195,000	8,243,000				
OTHER FED. FUNDS	22,270,000	.,,,,,,,,,,,	18,228,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TOTAL POSITIONS	5.654.75*	5.628.00*	5.652.05*	5.654.05*	5.654.10*	5,654.10*	5,654.10*	5,654.10*
TOTAL PROGRAM COST	811,522,899	845,297,335	944,903,790	916,773,260	908.532	908,532	908,532	908,532
	=======================================				700,532	700,732	700,732	700,732

REPORT P61-A

PROGRAM ID:

HTH101

PROGRAM STRUCTURE NO. 05010101

PROGRAM TITLE:

TUBERCULOSIS CONTROL

					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	35.00* 2,361,374 1,260,518	36.00* 2,501,047 1,353,357	35.00* 2,556,200 1,273,357	35.00* 2,556,395 1,273,357	35.0* 2,556 1,274	35.0* 2,556 1,274	35.0* 2,556 1,274	35.0* 2,556 1,274	
TOTAL OPERATING COST	3,621,892	3,854,404	3,829,557	3,829,752	3,830	3,830	3,830	3,830	
BY MEANS OF FINANCING				!					
	33.00*	34.00*	33.00*	33.00*	33.0*	33.0*	33.0*	33.0*	
GENERAL FUND	2,303,016	2,535,528	2,510,681	2,510,876	2,511	2,511	2,511	2,511	
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*	
OTHER FED. FUNDS	1,318,876	1,318,876	1,318,876	1,318,876	1,319	1,319	1,319	1,319	
TOTAL POSITIONS	35.00*	36.00*	35.00*	35.00*	35.00*	35.00*	35.00*	35.00*	
TOTAL PROGRAM COST	3,621,892	3,854,404	3,829,557	3,829,752	3,830	3,830	3,830	3,830	
				=======================================		========	=======	3,630	

PROGRAM ID:

HTH-101

PROGRAM STRUCTURE NO: 05010101

PROGRAM TITLE:

TUBERCULOSIS CONTROL

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS			Apper cover areas paper gains yabig calls trained assess		the control of the co			
1 NEW TB CASE RATE/100000 FOR-BRN RESDNTS OF =/>5YRS	4	4	4	4	4	4	4	4
2 NEW TB CASE RATE/100000 FOR-BRN RESDNTS OF < 5YRS	4	5	5	5	5	5	5	5
3 NEW TB CASE RATE PER 100000 U.S. BORN	2	2	2	2	2	2	2	2
4 NEW TB CASES, NUMBER UNDER 6 YEARS OF AGE	2	2	2	2	2	2	2	2
5 TB CASES, % COMPLETING THERAPY	83	90	90	90	90	90	90	90
6 % PATIENTS COMPLETG PREVENTIVE THER FOR LATENT TB	51	60	60	60	60	60	60	60
PROGRAM TARGET GROUPS								
1 ACTIVE TB CASES NUMBER DIAGNOSED DURING YEAR.	117	150	150	150	150	150	150	150
2 ACTIVE & SUSPECT TB CASES - # ON CURR TB REGISTRY	278	300	300	300	300	300	300	300
3 TB SCREENG& EVAL- # OF NEW SCHOOL ENTERERS	16931	16000	16000	16000	16000	16000	16000	16000
4 TB SCREENG & EVAL - # OF CLOSE CONTACTS	585	800	800	800	800	800	800	800
5 TB SCREENG & EVAL - # OF RECENT IMMIGRANTS (100'S)	28	35	35	35	35	35	35	35
PROGRAM ACTIVITIES								
1 # TUBERCULIN SKIN TESTS GIVEN IN SURVEY (1000'S)	52	55	55	55	55	55	55	55
2 # X-RAYS GIVEN IN SURVEY (1000'S)	16	18	18	18	18	18	18	18
3 CHEST CLINIC PATIENTS, NUMBER SERVED	3451	5000	5000	5000	5000	5000	5000	5000
4 # OF NEW TB CASES STARTING CHEMOTHERAPY	317	400	400	400	400	400	400	400
5 # NEW PATIENTS W/LATENT TBI STARTING PREV THERAPY	2468	3000	3000	3000	3000	3000	3000	3000
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	1,028	1,019	1,019	1,019	1,019	1,019	1,019	1,019
ALL OTHER								
CHARGES FOR CURRENT SERVICES								
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	1,028	1,019	1,019	1,019	1,019	1,019	1,019	1,019
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	1,028	1,019	1,019	1,019	1,019	1,019	1,019	1,019
TOTAL PROGRAM REVENUES	1,028	1,019	1,019	1,019	1,019	1,019	1,019	1,019

A. Statement of Program Objectives

To reduce the incidence of and morbidity from tuberculosis (TB) in the State by providing effective prevention, detection, and treatment services.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

The budget reflects the transfer out of a PH Program Administrator position (#116917) and funds (\$ 55,757A) to HTH 595/KE (-1.00/-55,757A; -1.00/-55,757A).

C. Description of Activities Performed

- Screening and Prevention: Provide TB screening, including tuberculin skin testing and/or chest x-ray, to defined, at risk populations. Provide preventive chemotherapy for those identified as being at high risk of contracting active TB, including contacts, those with positive skin tests who are HIV positive, those who have abnormal chest x-rays, those with recently acquired TB infection, and others at-risk for progression to active TB disease.
- 2. Diagnosis and Treatment: Insure that appropriate multi-drug antimicrobial chemotherapy is provided to all TB cases and suspects. When TB diagnosis and therapy is provided by a private physician, monitor adequacy and regularity of treatment. Provide direct services, including tuberculin skin testing, chest x ray, sputum smear and culture for mycobacteria, and anti-tuberculosis anti-microbial therapy by directly observed therapy through TB clinics on the four most heavily populated islands.
- 3. Contact Investigation (CI): Investigate TB case and identified contacts of cases of communicable TB, including tuberculin skin testing, chest x- rays and molecular epidemiology of lab specimens by various molecular lab techniques at a reference laboratory. CIs are initiated as soon as a case is detected and are completed within three months. Preventive therapy is encouraged for infected contacts to active TB cases.
- 4. TB Registry/Surveillance: Maintain a registry of all TB cases and suspects in the State to insure reporting, CI, and appropriate treatment. Collect, review, analyze and report epidemiologic data to local and national agencies for programmatic evaluation and program review.
- 5. Education: Provide various types of health education to patients, contacts, and the public to reduce morbidity and mortality of TB, decrease progression thru screening

and treatment of latent TB infection (LTBI), and reduce the stigma associated with this disease. Insure awareness and adherence to new national diagnosis and treatment guidelines with regular teaching of health care workers and students.

D. Statement of Key Policies Pursued

The TB Control Branch operates to limit and control this communicable disease in accordance with HRS 325. In addition, the TB Control Branch is also guided by departmental administrative rules Title 11 Chapter 164. This chapter will be further revised by the Branch to bring it into line with current practices and guidelines.

E. Identification of Important Program Relationships

The TB Control Branch works with a network of providers and local agencies to provide direct service and insure TB control in the state. The TB Program works with two department agencies: Public Health Nursing Branch, which carries out skin testing and laboratory support, and Community Hospitals Division, which provides service for a small number of patients requiring inpatient care. The Program also works closely with the CDC's Quarantine Office at Honolulu International Airport to encourage evaluation of recent immigrants from TB endemic areas. The Program has collaborations with the private medical sector, providing consultation, patient services, education, and other programmatic services to physicians; and working cooperatively with private microbiology laboratories and the American Lung Association (ALA). Through the Community INH Program, the TB Control Branch provides medication for the treatment of LTBI to patients at several community health centers on Oahu. A new local TB Partners group for the CDC TB Epidemiologic Consortium, of which Hawaii is 1 of 22 international members, was recently convened to work more closely with several research partners in Hawaii, including University of Hawaii, Queens Medical Center, Kaiser Permanente, & ALA.

F. Description of Major External Trends Affecting the Program

Nationally, TB rates have decreased, and Hawaii's TB rates have paralleled this trend in recent years. However, the State of Hawaii continues to report one of the highest annual state TB case rates in the United States.

The proportion of drug resistant TB cases in Hawaii increased significantly in 2002, and 3.4% multi-drug resistant (MDR) TB cases were reported in 2003, compared with ~1% MDR cases reported on the US mainland. In 2002-2003, 90-100% of the drug resistant TB cases were foreign born. Drug resistant TB necessitates treatment with second line antibiotics that may not be as effective, rendering a longer and more expensive treatment for the patient.

Hawaii's TB case rates are most influenced by immigration. The Immigration Act of 1990 and the Compact of Free Association (COFA) have resulted in a steady influx of immigrants from nations in Asia and the Pacific Basin where there is a high prevalence of TB.

Hawaii continues to report one of the highest annual proportions of foreign-born TB cases in the nation. In 2003, 84% of Hawaii's TB cases were from foreign-born residents compared with 53% of foreign-born TB cases reported on the US mainland.

Immigrants from the Philippines account for about 60% of TB of Hawaii's foreign-born cases, followed by those from Korea (7%) and Vietnam (5%), with the remainder occurring in immigrants from the Peoples' Republic of China, Republic of the Marshall Islands, Federated States of Micronesia, and Palau. COFA allows citizens from the Republic of the Marshall Islands, Federated States of Micronesia, and Palau unrestricted travel to the U.S. without the need for a visa, visa medical examination or TB clearance. These immigrants are often treated by the TB Program for extensive TB disease, in collaboration with other medical facilities. Complete CI and evaluation is challenging, due to the number of exposed persons among cases in this population, and the apparent lack of understanding of the need for evaluation and preventive therapy for infected contacts.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

- Trends in immigration and travel from areas of high TB prevalence to Hawaii are often
 dependent on global trends in economics and political stability. Due to geopolitical and
 historical reasons, Hawaii remains an attractive destination for many travelers and
 immigrants from Asia and the Pacific Rim. The state remains at the interface between
 TB prevalent areas and western clinical practice.
- There has been an overall increase in drug resistant and MDR TB cases in Hawaii in 2002 and 2003. These cases are more difficult to treat and require more expensive antibiotics and prolonged clinical services and monitoring.

- 3. There have been several national guidelines issued recently. Guidelines from the CDC and the American Thoracic Society (ATS) in 2000 have increased the number of patients who are eligible for treatment of LTBI. Treatment guidelines from the CDC, ATS, and the Infectious Disease Society in 2003 have standardized and increased the monitoring of patients with active TB disease to include additional chest x-rays and increased case management of cases. Compliance with these guidelines represents additional costs to the program.
- Improvements in technology now include methods such as QuantiFERON, a new blood assay, to test for TB infection. This test allows improved specificity in testing, but is considerably more expensive than tuberculin skin testing.
- Other recent CDC recommendations include implementing a cohort review process of TB cases and other programmatic evaluation that will require improved data systems to allow better monitoring, review and evaluation of program effectiveness.
- With effectively less funding from the federal Cooperative Agreement, it is difficult to maintain and improve TB control throughout the State, with higher demands for case management and program evaluation.
- The cost of providing chest x-rays on the neighbor islands continues to be a major program expense.

H. <u>Discussion of Program Revenues</u>

Hawaii State law mandates that the State assure that patients receive treatment for TB free of charge. The TB Program is primarily state funded, although additional support is received in a cooperative agreement with the Centers for Disease Control and Prevention.

I. Summary of Analysis Performed

None

J. <u>Further Considerations</u>

None

PROGRAM ID:

HTH111

PROGRAM STRUCTURE NO. 05010102

PROGRAM TITLE:

HANSEN'S DISEASE SERVICES

					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST	72.00*	71.00*	71.00*	71.00*	71.0*	71.0*	71.0*	71.0*	
PERSONAL SERVICES	3,297,438	3,423,705	3,647,853	3,648,033	3,648	3,648	3,648	3,648	
OTHER CURRENT EXPENSES EQUIPMENT	1,755,617	1,806,493 32,500	1,755,617	1,755,617	1,756	1,756	1,756	1,756	
TOTAL OPERATING COST	5,053,055	5,262,698	5,403,470	5,403,650	5,404	5,404	5,404	5,404	
		No. 404 405 505 505 505 505 505 505 505 505		**************************************	黑型粒粒粒三二二烷				
BY MEANS OF FINANCING				;					
	69.00*	68.00*	68.00*	68.00*	68.0*	68.0*	68.0*	68.0*	
GENERAL FUND	4,357,386	4,567,029	4,707,801	4,707,981	4,708	4,708	4,708	4,708	
	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*	
OTHER FED. FUNDS	695,669	695,669	695,669	695,669	696	696	- 696	696	
TOTAL POSITIONS	72.00*	71.00*	71.00*	71.00*	71.00*	71.00*	71.00*	71.00*	
TOTAL PROGRAM COST	5,053,055	5,262,698	5,403,470	5,403,650	5,404	5,404	5,404	5,404	
				=========	=======		J, 707	2,404 =======	

PROGRAM ID: HTH-111

PROGRAM STRUCTURE NO: 05010102

PROGRAM TITLE: HANSEN'S DISEASE SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % INPAT CASES RELAPSE OF PRIOR TRID HANSENS DIS	1	0	1	1	1	1	1	1
2 % INPATIENTS REC ANTIMICROB THERAPY FOR HAN DIS 3 % INPATIENT CASES M/ NEURO DISABILITY	20	20	20	20	20	20	20	20
4 % INPAT CASES W/ RENAL DISABILITY	100 33	100	100	100	100	100	100	100
5 % INPATIENT CASES W/ OPTHALMOLOGIC DISABILITY	100	30 100	27 100	25 100	25	25	25	25
6 NEW HANSEN CASE RATE PER 100000 RES 5YRS OR MORE	1	100	100	100	100 1	100 1	100 1	100 1
7 % PATIENTS TERMINATE TRIMT DUE TO NONCOMPLIANCE	î	i	1	1	1	1	1	1
8 %NEW HANS DIS CASES DIAG CONTACT/HI RSK POP SCRNG	30	30	30	30	30	30	30	30
9 MEDIAN # MONTHS BETW ONSET OF HANSENS & DIAGNOSIS 10 % OUTPAITENTS H/COMPLICATIONS FROM HANSENS DIS	12 1							
PROGRAM TARGET GROUPS						_	_	_
1 TOTAL NUMBER OF INPATIENT REGISTRY	36	34	32	30	28	26	26	26
2 INPATIENT NURSING CARE HOME DAYS/YEAR	2500	2500	2500	2500	2500	2500	2500	2500
3 INPATIENT HALE MOHALU HOSPITAL DAYS/YEAR	3700	3900	4000	4000	4000	4000	4000	4000
4 INPATIENT ACUTE CARE HOSPITAL DAYS/YEAR	260	270	270	270	270	270	270	270
5 INPATIENT COMMUNITY RESIDENTS (OAHU)	1	1	1	1	1	1	1	1
6 # NEW HANSENS CASES DIAGNOSED DURING YEAR	20	20	20	20	20	20	20	20
7 # PATIENTS RECVG CARE THRU HD COMMUNITY PROG 8 # HOUSEHOLD CONTACTS UNDER SURVETLLANCE	275	275	275	275	275	275	275	275
8 # HOUSEHOLD CONTACTS UNDER SURVEILLANCE 9 # OUTPATIENTS W/HANSENS DIS RELATED DISABILITIES	600	600	600	600	600	600	600	600
10 # HIGH-RISK PEOPLE WHO RECEIVE OUTREACH SERVICES	135	135	135	135	135	135	135	135
PROGRAM ACTIVITIES		•						
1 # INPATIENT ANNUAL PHYS EXAMS BY MD'S	36	34	32	30	28	26	26	26
2 # INPATIENTS FOR ANNUAL REHAB ASSESSMENTS	36	34	32	30	28	26	26	26
3 # INPATIENTS SEEN BY CARDIOLOGY CONSULTANT	28	28	28	28	26	24	24	24
4 # CASES SEEN BY OPTHALMOLOGY CONSULTANT	36	34	32	30	28	26	26	26
5 # CASES FOLLOWED BY HOME CARE RN AT KALAUPAPA 6 # HANSEN'S OUTPATIENT EXAMS BY HDCP STAFF	14	16	18	20	22	22	22	22
7 # HAND, FOOT & EYE SCREENS PERFORMED BY HDCP RPN'S	3700 200							
8 # HANSENS OUTPATIENT VISITS BY HDCP SW'S, PMA'S	2200	2200	2200	2200	2200	2200	2200	2200
9 # HANSENS CONTACTS EXAMINED DURING YEAR	375	375	375	375	375	375	375	375
10 # HIGH RISK PEOPLE SCREENED DURING YEAR	350	350	350	350	350	350	350	350
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	2,028	2,028	2,028	2,028	2,028	2,028	2,028	2,028
ALL OTHER CHARGES FOR CURRENT SERVICES	20	20	20	20	20	20	20	20
FINES, FORFEITS AND PENALTIES	20	20	20	20	20	20	20	20
NON-REVENUE RECEIPTS	65	63	63	63	63	63	63	63
TOTAL PROGRAM REVENUES	2,113	2,111	2,111	2,111	2,111	2,111	2,111	2,111

REPORT P62

PROGRAM ID:

HTH-111

PROGRAM STRUCTURE NO: 05010102

PROGRAM TITLE:

HANSEN'S DISEASE SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
SPECIAL FUNDS	2,028	2,028	2,028	2,028	2,028	2,028	2,028	2,028
GENERAL FUND	85	83	83	83	83	83	83	83
TOTAL PROGRAM REVENUES	2,113	2,111	2,111	2,111	2,111	2,111	2,111	2,111

HTH 111: HANSEN'S DISEASE SERVICES

A. Statement of Program Objectives

Provide long-term care to Hansen's disease patients who have been disabled either directly from pathological effects of the disease, or psychologically or socially from the effects of prolonged institutionalization. To reduce the incidence of Hansen's disease among outpatients in the State, and minimize it's debilitating effects by providing effective prevention, detection, treatment and educational services.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

The budget reflects the transfer of a temporary FTE only from LPN II (#52113) to HTH 570/KL for a temporary School Health Aide floater (0.00/0A; 0.00/0A).

C. Description of Activities Performed

The Hansen's Disease Branch is responsible for three major programs: Kalaupapa Settlement on the island of Molokai, Hale Mohalu Hospital at Leahi, and the Hansen's Disease Community Program (HDCP).

Kalaupapa Settlement is a medically administered residential community for long-term Hansen's disease patients. Per Hawaii Revised Statutes (HRS) 326, these patients may live out their lives at Kalaupapa. The Branch provides general and medical specialty care to Kalaupapa patients via a contract with the University, Clinical, Education and Research Associates (UCERA) and the operation of a 14-bed medical facility. The Branch provides for all the services required to support a geographically isolated community including administrative and managerial services, maintenance and repair services, transportation and communication services, etc.

Hale Mohalu Hospital on Oahu is a statewide program that provides hospital care and treatment for Hansen's disease (HD) patients with serious complications from HD and any Kalaupapa patients on Oahu, including specialized medical care and treatment for patients transferred when resources are not sufficient at Kalaupapa. The 21-bed facility provides hospital care and specialty care on a 24-hour basis. Services not available directly at the hospital are procured at other locations with arrangements made by the medical administrator. Hale Mohalu Hospital also provides for patient medical social services at both Kalaupapa and Hale Mohalu.

The Hansen's Disease Community Program (HDCP) maintains a statewide registry of all HD cases and suspects to insure appropriate treatment. The program tabulates and analyzes demographic data, insures that appropriate antimicrobial chemotherapy is provided to all cases of HD, and provides direct or through cooperation with private providers, dermatologic and neurologic examination, slit skin smears, and skin biopsy as appropriate. HDCP provides direct or through

cooperation with private providers, antimicrobial agents for the treatment of HD, and also provides direct or through cooperation with private providers, treatment for ophthalmologic, neurologic, orthopedic, endocrinologic, and other complications of HD. HDCP prevents new complications of HD by improving patient compliance with physician visits and drug therapy, and by educating health care providers and patients regarding early detection of and treatment of immunologic reactions. HDCP investigates all identified contacts of new cases of HD. The evaluation may include examination of biopsy. Contact evaluation is performed yearly for four years. The program provides education to health care providers, patients, contacts, and the public to improve HD control and to reduce the stigma associated with the disease.

D. Statement of Key Policies Pursued

Key policy is to provide the quality of life custodial and medical care as mandated by State law HRS 326-40 for long-term Hansen's disease patients disabled from effects of the disease and life long institutionalization. Kalaupapa was established as a National Historical Park in December 1980 by Public Law 96-565 to operate, preserve, and protect Kalaupapa as a National Park. HDCP operates to limit and control Hansen's Disease in accordance with HRS 326. In addition, HD Branch is also guided by departmental administrative rule Title 11 Chapter 168.

E. Identification of Important Program Relationships

Since 1953, Hawaii received annual reimbursement from the Federal government for the care and treatment of Hansen's disease patients in the State's own facilities. This reimbursement has been decreasing over the last nine years and now stands at a little over \$2 million. On March 30, 1984, the Department and the National Park Service (NPS) entered into a cooperative agreement that gradually transfers non-medical operations to the NPS with the Department continuing to be responsible for health care services. Infrastructure transfer within Kalaupapa is contingent on NPS funding levels. The Department has begun the initial process of turning the landfill operations over to the NPS. This is expected to take approximately three to six years.

The Hansen's Disease Community Program (HDCP) works with a network of providers. HDCP coordinates care delivered by others. HDCP relies on Public Health Nurses to provide certain services and works with Hale Mohalu Hospital to provide short-term inpatient care for a small number of patients. HDCP works closely with private primary care and specialty providers such as orthotists and podiatrists, as most direct patient care is provided in the private sector. The program also provides professional education for physicians and members of the health profession.

F. Description of Major External Trends Affecting the Program

A major problem is the aging of Hansen's disease patients with increasing infirmities and limitations,

HTH 111: HANSEN'S DISEASE SERVICES

including the progressive disabilities of the disease and progression of severe medical problems. As general medical costs increase in Hawaii, the costs for this geriatric population increase. IV antibiotics for osteomyelitis, eye and foot prostheses, and mobility aids are needed for the complications of Hansen's disease. The general aging of the population leads to decreasing ability to live and travel independently. The need for home health services, meals on wheels, etc. are increasing. Increases in the number of visitors and Park staff to Kalaupapa have added to the need for support services.

HDCP is greatly affected by immigration from Asia and the Pacific Basin, areas that experience a high incidence of HD. New HD cases imported from the Pacific Islands continue to be a growing problem. These countries are part of the Compact of Free Association that allows migration to the United States, without a Visa or medical screening. The Compact countries of the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) have the highest prevalence rates for Hansen's disease in the world at 35 per 10,000 and 15 per 10,000 respectively. Historically the majority of the new HD cases have been from the Philippines. However, beginning in 1996, more new HD patients have originated from the FSM and RMI combined than from the Philippines. From 1996 through 2003, immigrants from the Philippines accounted for approximately 29.9% of all new HD cases. Over the same period, 60.5% of new HD cases were immigrants from the RMI and FSM.

A 1998 Department of Interior report estimated that there were approximately 6,700 Micronesian, Marshallese, and Palauans living in Hawaii. In 2000 that number increased to 12,725 (2000 U.S. Census Report). Annually HDCP has screened an average of 600 of this high-risk population and has diagnosed 89 new HD cases from 1996 through 2003. The high prevalence of HD in this high risk migrant population, along with their general lack of accessibility to health care, has dictated that the HDCP conduct labor intensive active HD screenings for this population. This has resulted in many new demands on the program such as developing new HD educational brochures, providing translation services, and revamping the existing computer database to accommodate the new screening activities.

G. Discussion of Cost, Effectiveness and Program Size Data

Cost of the Branch includes the operation of two separate institutional facilities, Kalaupapa Settlement and Hale Mohalu Hospital, and the statewide Hansen's Disease Community Program. Operating and maintaining Kalaupapa is especially costly due to its geographic isolation. Approximately 84 percent (\$695,669 of \$826,672) of the total cost of operating the Hansen's Disease Community Program is reimbursed by the federal government. The overall reimbursement for Hawaii's HD programs has been decreasing over the last seven years and now stands at a little over \$2 million. Hansen's disease medications continue to be provided by the federal government for Hawaii's HD patients. Historical consideration and the mandate of State law (HRS 326-40)

affect program effectiveness. Since 1969, outpatients are not regularly admitted unless hospitalization is required for severe complications. New cases of HD among Pacific Islanders have necessitated the use of active screening clinics and home visits to access this population. Ethnic church congregations have been targeted to assist in increasing awareness of HD to large numbers of high-risk people, with follow-up home visits for those interested. This type of outreach has been favorably received by the Pacific Islanders. There are currently 37 patients on the Kalaupapa registry. Staff reduction over the past 8 years has reached the minimum level to safely operate this isolated settlement. Many of the patient related services such as the Kalaupapa Care Home and the Meals on Wheels Program are run 24 hours a day, 7 days a week and cannot be reduced without jeopardizing safety, efficiency, and effectiveness. There are approximately 260 active Hansen's disease outpatients treated and followed by HDCP. The program also follows and screens over 650 contacts of the Hansen's disease patients. Annually 20-25 new cases of HD are diagnosed in Hawaii.

H. Discussion of Program Revenue

The Federal Government is currently reimbursing the State of Hawaii about \$2.0 million annually. This revenue reimburses the State's general fund. Small amounts are received by the two institutions for various charges relating to operations. Hawaii State law mandates that the State assure that patients receive treatment for HD free of charge. The HD Program is funded through a mixture of state and federal funds.

I. Summary of Analysis Performed

No formal analysis conducted in recent years.

J. Further Considerations

The development of new drugs and new treatment regimes has made it possible for the program to treat all newly discovered cases of Hansen's disease under the outpatient program. Hospitalization is now limited to the treatment of complications of Hansen's disease. Complications can occur during the early stages of treatment and as delayed sequelae to progressive Hansen's disease among older patients.

Operating Kalaupapa is an especially difficult problem. Due to its geographic isolation, the facility has to be self-sufficient to provide the services required for a community. The operation is not only costly but it is also difficult to attract and recruit qualified personnel to staff the program. The total number of patient residents has decreased steadily through attrition. Although administering Kalaupapa is costly, Section 326-40, Hawaii Revised Statutes, states that it is the policy of the State that the patient residents of Kalaupapa shall be accorded adequate health care and other services for the remainder of their lives. It is the policy of the State that any patient resident of Kalaupapa desiring to remain at the Settlement, shall be permitted to do so.

REPORT P61-A

PROGRAM ID:

HTH121

PROGRAM STRUCTURE NO. 05010103

PROGRAM TITLE:

STD/AIDS PREVENTION SERVICES

	IN DOLLARS				IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	19.50* 1,929,296 9,620,475	19.50* 2,305,340 7,855,327	19.50* 2,330,198 9,092,306	19.50* 2,330,360 9,092,306	19.5* 2,330 9,092	19.5* 2,330 9,092	19.5* 2,330 9,092	19.5* 2,330 9,092	
TOTAL OPERATING COST	11,549,771	10,160,667	11,422,504	11,422,666	11,422	11,422	11,422	11,422	
BY MEANS OF FINANCING				!					
GENERAL FUND	15.00* 5,467,487 4.50*	15.00* 5,488,364 4.50*	15.00* 5,513,222 4.50*	15.00* 5,513,384 4.50*	15.0* 5,513	15.0* 5,513	15.0* 5,513	15.0* 5,513	
OTHER FED. FUNDS	6,082,284	4,672,303	5,909,282	5,909,282	4.5* 5,909	4.5* 5,909	4.5* 5,909	4.5* 5,909	
TOTAL POSITIONS TOTAL PROGRAM COST	19.50* 11,549,771	19.50* 10,160,667	19.50* 11,422,504	19.50* 11,422,666	19.50* 11,422	19.50* 11,422	19.50* 11,422	19.50* 11,422	

PROGRAM ID:

HTH-121

PROGRAM STRUCTURE NO: 05010103

PROGRAM TITLE:

STD/AIDS PREVENTION SERVICES

115 1 430 9	115 1 430 9
1 430 9	1 430 9
430 9	430 9
9	9
1244	1244
1244	1244
4800	4800
	17900
	8300
440000	440000
	10000
	1250
	110
	950
	1400
350	350
6,140	6,140
6,140	6,140
6,140	6,140
6.140	6,140
	10000 1250 110 950 1400 350

A. Statement of Program Objectives

To prevent and reduce the incidence and prevalence of sexually transmitted diseases and human immunodeficiency virus infection within the State of Hawaii by providing effective prevention, detection and treatment services.

- B. <u>Description of Request and Compliance with Section 37-68(1) (A) (B)</u> Request to increase the federal ceiling to expend additional funding received through the HIV Care Grant (0.00/1,236,979N; 0.00/1,236,979N).
- C. <u>Description of Activities Performed</u>
 - STD Medical Services. The Department of Health (DOH) through the STD/AIDS Prevention Branch operates the STD Clinic located at the Diamond Head Health Center (DHHC). The STD Clinic offers free examination, treatment, counseling and health education services to all STD patients.
 - 2. Gonorrhea/Chlamydia Screening Program. The STD/AIDS Prevention Branch coordinates a statewide screening program to reduce the reservoir of infection (those cases not yet treated) in asymptomatically affected women. Eighty percent of the women who are infected with gonorrhea/chlamydia remain asymptomatic although still infectious and able to develop serious complications. The screening program provides health care providers all the necessary materials, delivery system, and laboratory support to selectively screen high-risk women for gonorrhea/chlamydia.
 - 3 Surveillance. The STD/AIDS Prevention Branch coordinates a statewide HIV/AIDS Surveillance Program to identify and monitor HIV/AIDS cases in Hawaii. A quarterly statistical report is published showing the impact of HIV/AIDS in Hawaii. The HIV/AIDS Surveillance Program coordinates the reporting of AIDS cases on a national level with the Centers for Disease Control (CDC). HIV

- reporting and surveillance was initiated in Hawaii, commencing September 2001.
- 4. AIDS education and risk reduction program. The STD/AIDS
 Prevention Branch coordinates a statewide program to facilitate HIV
 and STD prevention, focusing on those populations at greatest risk. The
 program works closely with community-based organizations and other
 state Departments to coordinate and support HIV prevention activities.
 It provides technical assistance to AIDS service organizations and
 supports community-based strategies and initiatives to address
 prevention among those most at risk.
- 5. HIV counseling and antibody testing. The STD/AIDS Prevention Branch coordinates and participates in a statewide program for anonymous HIV testing of individuals perceived to be at risk. Pre and post test counseling is provided to reduce those behaviors which place individuals at risk of contracting or spreading the AIDS virus. Training and quality assurance is provided to HIV counselors/testers in community clinics throughout the state.
- 6. Hawaii Seropositivity and Medical Management (HSPAMM).
 HSPAMM offers an incentive for persons at risk of HIV infection to be tested for antibody to the virus; and, if positive, to access medical care and monitoring every six months. As an early intervention program, HSPAMM reduces the severity of HIV disease and prevent progression. The program also tracks the HIV epidemic throughout the state by means of databases of demographic, clinical and laboratory variables. An additional purpose of the program is to facilitate entry of patients into clinical trials for therapeutic drugs.
- 7. HIV Drug Assistance Program (HDAP). HDAP provides FDA approved drugs for the treatment of HIV infection, prophylaxis and

- treatment of opportunistic infections, and treatment of HIV-associated anemia and wasting to persons with no prescription drug coverage. Other eligibility requirements are income less than three times the Federal Poverty Level and medical indication for the treatment.
- 8. Hawai'i Insurance Continuation Program (H-COBRA). H-COBRA provides continuation of group health insurance coverage to persons who leave employment due to symptomatic HIV infection. Persons accessing the program must meet federal COBRA criteria, earn less than three times the Federal Poverty Level, have physician certification, and have no other means of securing health insurance.

D. Statement of Key Policies Pursued

The activities of the STD/AIDS Prevention Branch as stated in Part "B" are all directed toward the primary objective as stated in the Hawaii State Plan, Part I Sec 20(b)(1), (3), (4) to "provide adequate and accessible services and facilities for prevention and treatment of physical and mental health problems. Encourage improved cooperation among public and private sectors in the provision of health care to accommodate the total health needs of individuals throughout the State, Part I Sec 20 (b) (3), and Foster an awareness of the need for personal health maintenance and preventive health care through education and other measures, Part I Sec (b) (4).

E. <u>Identification of Important Program Relationships</u>

1. The STD/AIDS Prevention Branch works closely with the Laboratories Branch for laboratory support, Maternal Child Health, Public Health Nursing, District Health Officers, and with Departments of Education, Human Services, Corrections and the University of Hawaii and military forces in Hawaii.

- 2. The STD/AIDS Prevention Branch works closely with the federal public health service and follows the policies and guidelines of the Centers for Disease Control and Prevention.
- 3. The STD/AIDS Prevention Branch works closely with the consortium of AIDS services providers (ACCT) as well as with individual purchase of service providers and other private HIV/STD service providers.

F. <u>Description of Major External Trends Affecting the Program</u>

- 1. Both the HIV prevention and HIV care service priorities provided through the STD/AIDS Prevention Branch are largely determined by the recommendations of the community planning process.
- 2. The Ryan White CARE Act provides Hawaii with significant funding for the purchase of HIV/AIDS drug therapies. The increasing effectiveness of new drugs will likely have a major impact on what HIV care services are needed and how they can be best delivered.
- G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>
 The Program Budget Request for FY 05-07 will maintain services at the current level without change to program size and effectiveness.
- H. <u>Discussion of Program Revenue</u> None.
- I. <u>Summary of Analysis Performed</u>

 The STD/AIDS Prevention Branch plans no significant changes in the budget and planning period, thus, no formal analysis has been performed.
- J. <u>Further Consideration</u> None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH131

PROGRAM STRUCTURE NO. 05010104

PROGRAM TITLE:

DISEASE OUTBREAK CONTROL

							IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11			
OPERATING COST	41.00*	42.00*	43.00*	43.00*	43.0*	43.0*	43.0*	43.0*			
PERSONAL SERVICES	6,268,421	6,400,995	6,247,005	6,247,269	6,247	6,247	6,247	6,247			
OTHER CURRENT EXPENSES	7,037,452	7,212,378	5,300,340	5,300,340	5,301	5,301	5,301	5,301			
EQUIPMENT	743,989	326,118	326,118	326,118	326	326	326	326			
TOTAL OPERATING COST	14,049,862	13,939,491	11,873,463	11,873,727	11,874	11,874	11,874	11,874			
	**********		=======================================		*******		********	=======			
BY MEANS OF FINANCING				!							
	19.00*	20.00*	20.60*	20.60*	20.6*	20.6*	20.6*	20.6*			
GENERAL FUND	1,370,234	1,434,326	1,469,422	1,469,686	1,470	1,470	1,470	1,470			
	22.00*	22.00*	22.40*	22.40*	22.4*	22.4*	22.4*	22.4*			
OTHER FED. FUNDS	12,679,628	12,505,165	10,404,041	10,404,041	10,404	10,404	10,404	10,404			
TOTAL POSITIONS	41.00*	42.00*	43.00*	43.00*	43.00*	43.00*	43.00*	43.00*			
TOTAL PROGRAM COST	14,049,862	13,939,491	11,873,463	11.873.727	11,874	11,874	11,874	11,874			
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PROGRAM ID:

HTH-131

PROGRAM STRUCTURE NO: 05010104

PROGRAM TITLE:

DISEASE OUTBREAK CONTROL

		FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEAS	JRES OF EFFECTIVENESS								
	INDIGNEOUS MEASLES CASE RATE PER 100,000	0	0	0	0	0	. 0	0	0
2		2	2	2	2	2	2	2	2
3	THE STATE OF THE PROPERTY OF THE CONTROL OF THE CON	100	90	90	90	90	90	90	90
4	% REPORTED FOOD COMPLAINTS INVESTIGATED	99	95	95	95	95	95	95	95
6	% REPORTED ZOONOTIC DISEASES INVESTIGATED.	100	100	100	100	100	100	100	100
7	The state of the s	99	99	99	99	99	99	99	99
	% INF BORN TO HEP B CARR STARTG HEP B SERIES	100 100	100	99	99	99	99	99	99
	% IDENT SUSCEP IMMIGS COMPLETING HEP B SERIES	86	100 86	100 86	100 86	100 86	100 86	100 86	100 86
PROG	RAM TARGET GROUPS								
1	TOTAL # HAWAII RESIDENTS (1000'S)	1258	1258	1258	1258	1258	1258	1250	1050
	TOTAL # VISITORS TO HAWAII (1000'S)	2000	2000	2000	2000	2000	2000	1258 2000	1258 2000
3	TOTAL # CHILDREN ATTENDING LIC PRESCHOOLS (1000'S)	19	17	17	17	17	17	17	2000 17
4	TOTAL # STDTS ATTENDING HAWAII SCHOOLS (1000'S)	216	217	217	217	217	217	217	217
5	NUMBER OF BIRTHS EXCLUDING MILITARY (100'S)	175	175	175	175	175	175	175	175
. 6	TOT# CHDRN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	200	200	200	200	200	200	200	200
PROG	RAM ACTIVITIES								
	# SCH CHLD SURVEYED FOR IMM COVERAGE (1000S)	215	216	216	216	216	216	216	216
	# HEP B VACCINE DOSES ADMIN TO HIGH RISK PERSONS	7937	7438	7438	7438	7438	7438	7438	7438
3	# OF NEW HEP B REGISTRANTS	3058	4711	4711	4711	4711	4711	4711	4711
4	# COMMUNICABLE DISEASE CASES INVESTIGATED	2395	700	700	700	700	700	700	700
5	# PRESCHOOLERS SURVEYED FOR IMMZ COVERAGE (1000'S)	190	172	172	172	172	172	172	172
PROG	RAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
	AXES ICENSES, PERMITS AND FEES								
	EVENUES FROM THE USE OF MONEY AND PROPERTY								
	EVENUE FROM OTHER AGENCIES: FEDERAL	11,186	11,186	9,985	9,985	9,985	0.005	0.005	
	ALL OTHER	11,100	11,100	7,700	7,700	7,700	9,985	9,985	9,985
C	HARGES FOR CURRENT SERVICES								
F	INES, FORFEITS AND PENALTIES								
N	DN-REVENUE RECEIPTS								
	TOTAL PROGRAM REVENUES	11,186	11,186	9,985	9,985	9,985	9,985	9,985	9,985
PROG	RAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF	F DOLLARS):							
S	PECIAL FUNDS	11,186	11,186	9,985	9,985	9,985	9,985	9,985	9,985
	TOTAL PROGRAM REVENUES	11,186	11,186	9,985	9,985	9,985	9,985	9,985	9,985
					•	•	,	-,	,,,,,,

A. Statement of Program Objectives

To reduce the incidence, severity, and disabling effects related to communicable diseases, emerging disease threats, and potential acts of bio-terrorism through surveillance, investigation, early detection, prevention, treatment, follow-up, and public risk reduction and education.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- Decrease federal fund ceiling and delete 2 temporary positions (Medical Coordinator #94620H, Chem Planner #95635H) to reflect decrease in Bioterrorism Grant (0.00/-2,474,648N; 0.00/-2,474,648N).
- Delete temporary CY Spec #95641H; transfer salary from Personal Services to Other Current Expenses and increase federal fund ceiling for Other Current Expenses for Immunization Grant (0.00/259,251N; 0.00/259,251N);
- Add two temporary Epi Specialist III for Immunization Grant (0.00/91,581N; 0.00/91,581N).
- Delete temporary (Hep B Coord #94610H) and transfer salary of \$70,574 from Personal Services to Other Current Expenses for Epi and Lab Capacity (ELC) Grant (0.00/0N; 0.00/0N).
- Transfer-in .40 permanent federal-funded count only from Clk Typ II (96897H) in HTH 720/MP and transfer-in .60 permanent general funded count only from HTH 501/JD to convert a temporary (0.60 FTE general fund) Epi Spec III (#42256) to fulltime permanent status (0.60/0A, 0.40/22,692N; 0.60/0A, 0.40/22,692N).

C. <u>Description of Activities Performed</u>

This program is responsible for the prevention and control of infectious diseases in Hawai' i except for sexually transmitted diseases including Acquired Immunodeficiency Syndrome, Hansen's disease, and tuberculosis (TB) for which separate programs have been established. This program is responsible for coordinating all department bioterrorism preparedness planning activities and integrating these activities with surveillance and response mechanisms, along with uniform application of policies, procedures, and practices as they relate to the control and prevention of infectious diseases, emerging disease threats, and potential acts of bioterrorism throughout the state.

The chief activities of this program include the following:

- 1. Maintain surveillance of incidence of communicable diseases in Hawai'i.
- 2. Investigate disease outbreaks and single cases of important or unusual diseases.
- Based on investigation findings and special studies, recommend improved disease
 prevention and control methods to physicians, other health care professionals,
 government agencies, industry (agriculture, dairy, poultry, other food), and the
 general public.
- Provide assistance to physicians to diagnose and identify unusual diseases and provide consultative assistance in treating such diseases upon request of the attending physician.
- 5. Promote use of vaccines by the public to protect themselves from various communicable diseases, for which vaccines are available.
- Provide vaccines for the immunization and protection of persons not able to pay for vaccines. Operate immunization clinics to reach elements of the population who are not able to access physicians in private practice.
- Conduct a hepatitis B program for the identification, immunization, and tracking of
 persons at high risk for hepatitis B virus (HBV). Maintain a registry of HBV carriers
 and provide education regarding HBV transmission, prevention, and control.
- 8. Assess the state of readiness to respond to public health emergencies.
- 9. Inventory resources available to respond to public health emergencies.
- 10. Develop and promulgate plans to respond to public health emergencies.

Disease Outbreak Control Division is participating also in an effort to strengthen collaboration between the Department of Health and the University of Hawai' i in order to address the threat of emerging infectious diseases and bioterrorism. The intent of the collaboration is to enhance the epidemiologic and laboratory capacity of the state to respond to disease outbreaks by fostering joint investigations of academic merit into the etiology, pathogenesis, control, and prevention of communicable diseases.

D. Statement of Key Policies Pursued

- Surveillance of infectious diseases to track disease incidence, trends, and impact on public health and to effect planning of surveillance and control activities.
- Timely investigation of infectious disease outbreaks and implementation of measures needed to prevent future outbreaks and reduce endemic levels of disease.
- Increase community participation, education, and partnerships to promote use of vaccines by the public for protection from various communicable diseases, for which vaccines are available.
- Planning policies, procedures, and practices to respond to potential acts of bioterrorism.

E. Identification of Important Program Relationships

The surveillance, investigation, control, and prevention of infectious diseases and bioterrorism preparedness and response in Hawai'i requires an extensive network of private, city and county, state, federal, and other public health organizations. This network is coordinated by the HTH 131 program in order to respond to threats to the public's health in an effective, efficient, and timely manner.

F. <u>Description of Major External Trends Affecting the Program</u>

Infectious diseases remain the major cause of mortality worldwide. Recently, there has been an emergence or re-emergence of infectious agents. Some factors that have contributed to the emergence of infectious pathogens include ecological changes, changes in human demographics & behavior, international travel & commerce, microbial adaptation, and breakdown in public health control measures. The emergence or re-emergence of illness caused by Human Immunodeficiency Virus, cholera, Ebola, TB, and Hantavirus can all be traced to a combination of the above factors. Emerging pathogens such as E. coli 0157:H7 and severe group A streptococcal infections have been increasing in Hawai' i's population in the past several years. A concerted effort to prevent and control infectious pathogens is necessary to respond to the growing threat posed by these diseases.

The effort to prevent and control communicable illnesses has led to the development of improved disease surveillance systems. Comprehensive surveillance data help ensure that appropriate control measures are instituted in prompt response to reports of a disease outbreak. The importance of effective surveillance is highlighted with the emergence and advance of West Nile Virus across the U.S. mainland. The Disease Outbreak Control Division is responsible for maintaining and enhancing the existing surveillance and response capabilities of our state-wide disease investigation program.

One of the most cost effective measures to prevent the spread of communicable diseases among the population is age-appropriate immunization. Initiatives administered by the Disease Outbreak Control Division's Immunization Branch currently provides federally funded vaccine to nearly two-thirds of Hawai i's children. In addition to supplying vaccine to under-immunized children, the Immunization Branch promotes immunizations to parents and providers and enforces school attendance immunization requirements. A special program has been established to interrupt hepatitis B transmission within our state, because Hawai i has the highest chronic hepatitis B infection rate in the nation. Continued growth in Hawai i's resident population, with a concomitant increase in the population density, will enhance the potential for person-to-person disease transmission. Moreover, immigrants and refugees arrive in Hawai i each year from areas where diseases of public health importance, such as hepatitis A and hepatitis B, are highly endemic. The large number of foreign visitors adds to the complexity of disease control

activities required in our State. A strong Disease Outbreak Control Division is essential to ensure that infectious threats to public health are addressed successfully. Real and potential bioterrorism events have made the need to enhance epidemiologic capacity evident to federal level decision-makers. This has become a matter of greatest national importance, as stated by the Secretary for Health and Human Services, Tommy Thompson. Bioterrorism planning and preparedness includes enhancing surveillance and response to other infectious diseases. The Branch is responsible for needs assessment, development, testing, exercising, evaluation, and on-going updating of statewide public health response plans for bioterrorism events, other serious epidemics, and other public health emergencies, as well as coordination of these activities for county-specific emergency response plans.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The HTH 131 program budget request for FB 5-07 reflects current services. The branch is planning to continue activities such as greater outreach services and immunization screening services in public clinics and private medical facilities to increase immunization rates in children.

The federal funded Laboratory Surveillance and Reporting project continues. This will link the major laboratories in the state to the Disease Outbreak Control Division for rapid reporting of test results for reportable diseases.

The Public Health Preparedness & Response for Bioterrorism has infused new federal money into the state through the Disease Outbreak Control Division, and will support preparation for the state to respond effectively and efficiently to public health emergencies, such as bioterrorism.

H. <u>Discussion of Program Revenue</u>

None.

. Summary of Analysis Performed

None.

J. Further Considerations

None.

OPERATING AND CAPITAL EXPENDITURES

REPORT P61-A

PROGRAM ID:

HTH141

PROGRAM STRUCTURE NO. 050102

PROGRAM TITLE:

DENTAL DISEASES

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	25.60*	25.60*	26.00*	26.00*	26.0*	26.0*	26.0*	26.0*
PERSONAL SERVICES	1,238,988	1,238,988	1,318,928	1,319,223	1,319	1,319	1,319	1,319
OTHER CURRENT EXPENSES	371,147	371,147	371,147	371,147	371	371	371	371
TOTAL OPERATING COST	1,610,135	1,610,135	1,690,075	1,690,370	1,690	1,690	1,690	1,690
			****		=======			
BY MEANS OF FINANCING				!				
	25.60*	25.60*	26.00*	26.00*	26.0*	26.0*	26.0*	26.0*
GENERAL FUND	1,610,135	1,610,135	1,690,075	1,690,370	1,690	1,690	1,690	1,690
TOTAL POSITIONS	25.60*	25.60*	26.00*	26.00*	26.00*	26.00*	26.00*	26.00*
TOTAL PROGRAM COST	1,610,135	1,610,135	1,690,075	1.690.370	1.690	1.690	1,690	1.690
·	***********	,	-,370,017	=======================================	=======	######################################		=======

REPORT P62

PROGRAM ID:

HTH-141

PROGRAM STRUCTURE NO: 050102

PROGRAM TITLE:

DENTAL DISEASES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS					Ballir Ariel Africa Agrica copy copy copy copy			***************************************
1 % PRE-SCH & SCH-AGE CHILDRN REC ORAL HEALTH ED SVS	25	25	25	25	25	25	25	25
2 % HTH CARE SVS PROV REC ORAL HTH TRAINING	15	15	15	15	15	15	15	15
3 % PERSONS IN INST RECEIVE DENTAL SERVICES	92	92	92	92	92	92	92	92
PROGRAM TARGET GROUPS								
1 SCHOOL-AGED CHILDREN	218000	218000	218000	218000	218000	218000	218000	218000
2 PERSONS RESIDG IN EXT CARE FACIL OR CARE HOMES	8000	8000	8000	8000	8000	8000	8000	8000
3 LOW INCOME PERSONS UNABLE TO AFFORD DENTAL CARE	1000	1000	1000	1000	1000	1000	1000	1000
4 PERSONS IN DOH INSTITUTIONS	800	800	800	800	800	800	800	800
5 PRESCHOOL-AGE CHILDREN	22000	22000	22000	22000	22000	22000	22000	22000
6 PRE- AND POST-NATAL MOTHERS	18000	18000	18000	18000	18000	18000	18000	18000
7 PERSONS OVER 65 YEARS OF AGE	125000	125000	125000	125000	125000	125000	125000	125000
8 PERSONS WHO ARE HOMELESS	6000	6000	6000	6000	6000	6000	6000	6000
9 PERSONS W/ MENTAL, PHYS AND/OR DEV DISABILITIES	17500	17500	17500	17500	17500	17500	17500	17500
PROGRAM ACTIVITIES								
1 # SCH CHILDREN PROVIDED DENTAL HTH EDUC	75000	75000	75000	75000	75000	75000	75000	75000
2 # SCH CHILDREN PROVIDED TOPICAL FLUORIDE APPS	10200	10200	10200	10200	10200	10200	10200	10200
3 # PERSONS IN INSTITUTIONS RECYG DENTAL TRIMT	200	200	200	200	200	200	200	200
4 # PERSONS RECYG DENTAL TRTMT AT DOH CLINICS	2400	2400	2400	2400	2400	2400	2400	2400
5 # CLIENT VISITS AT DOH CLINICS	7400	7400	7400	7400	7400	7400	7400	7400
6 # PERSONS RECEIVING ORAL HEALTH EDUCATION	125000	125000	125000	125000	125000	125000	125000	125000
7 # DENTAL PROCEDURES PERFORMED AT DOH CLINICS	13000	13000	13000	13000	13000	13000	13000	13000
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER								
CHARGES FOR CURRENT SERVICES	49	56	56	56	E(5/	-,	
FINES, FORFEITS AND PENALTIES	77	20	96	20	56	56	56	56
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	49	56	56	56	56	56	56	56
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS	OF DOLLARS):							
GENERAL FUND	49	56	56	56	56	56	56	56
TOTAL PROGRAM REVENUES	49	56	56	56	56	56		
	7,	90	20	20	96	26	56	56

A. Statement of Program Objective

To promote oral health and reduce the incidence of and severity related to dental caries, oral diseases, and abnormalities through preventive dental hygiene services and other dental health programs; and by increasing public awareness and professional education.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

N/A

C. <u>Description of Activities Performed</u>

- 1. New methods for the prevention and control of dental diseases are evaluated and considered for implementation as public health programming.
- 2. Dental Care services are provided to patients residing in Hawai'i State institutions like Hawaii State Hospital, Hale Mohalu, Kalaupapa Settlement, and to community-based patients at four O'ahu regional health centers. As the provider of last resort, indigent, severely developmentally disabled, severely persistent mentally ill, frail, elderly, and the medically compromised such as HIV and hepatitis positive persons are provided basic dental services.
- Health care workers in State institutions are provided training in oral health hygiene and maintenance for persons with disabilities.
- 4. Public school children in selected grades are given the opportunity to receive oral health screening exams. Topical fluoride applications and weekly fluoride mouth rinses are provided in order to reduce the incidence and severity of dental disease. Classroom presentations on oral health are available and assistance is provided to teachers in providing classroom training on dental health. The general public is provided with general information on dental health and preventive programs leading to improved oral hygiene and health.
- 5. Program staff regularly serve as dental program management and facility design consultants to non-profit community health centers.

D. Statement of Key Policies Pursued

- 1. The program strives to assure access to basic dental treatment to State institution-based patients and indigent, community-based severely disabled persons.
- The program promotes and implements highly effective dental disease prevention programs. It also provides curriculum development assistance on topics related to oral health to teachers and other community agencies.
- 3. The program conducts clinical and epidemiological investigations and demonstrations relating to the prevalence, cause, diagnosis, treatment and prevention of dental diseases.
- 4. The program provides consultation and technical assistance on oral health, clinical issues, and facility design and management to Hawai`i's primary care community health centers and Native Hawaiian Health System centers.
- 5. The program monitors and evaluates the impact of managed care and medical assistance policies on access to care and delivery of dental services.

E. <u>Identification of Important Program Relationships</u>

- The Division serves in a consultative and technical assistance role to Departments of Health (Hawai'i State Hospital, Women, Infant and Children Program - WIC), Education, Human Services, Public Safety, University of Hawai'i, Commerce and Consumer Affairs, The Queen's Medical Center, Hawai'i Medical Association, Hawai'i Primary Care Association, Hawai'i Dental Association, Hawai'i Dental Education Center, University of Hawai'i Affiliated Medical Residency Programs, Head Start Associations, Association of Retarded Citizens, Hawai'i state and regional Maternal and Child Health agencies, Special Olympics, Centers for Disease Control and Pacific Rim Health Departments.
- 2. These and many other agencies that have an important affiliation with the Dental Health Division programs.
- Access to care is limited for persons with severe disabilities Statewide. As the provider
 of last resort, the Division is the only accessible provider of basic dental care to the
 indigent

severely developmentally disabled, mentally ill, medically compromised frail elderly and homeless.

 Certification of State long-term care facilities requires annual dental health evaluations and timely treatment of dental problems. The program works with public facilities to assure those service needs are met.

F. Description of Major External Trends Affecting the Program

- 1. Hawai'i continues to exhibit an early childhood tooth decay rate which may be among the highest in the nation.
- Limited access to basic dental care exits Statewide, particularly for the uninsured indigent, severely developmentally disabled, mentally ill, medically compromised, frail elderly, and homeless.
- Demands for accessible basic dental services are increasing as Hawai'i's uninsured and low income populations grow as a result of changes in State and federal public assistance policies.
- 4. As the only public health dental program in Hawai'i, the Division is increasingly relied upon as dental program and design consultants and for its oversight of clinical care issues impacting the community.

G. Discussion of Cost, Effectiveness, and Program Size Data

The Dental Health Division provides the only dental public health program Statewide and has proven to be effective and efficient as Hawai'i's lead agency in dealing with dental health issues. The division's staff is comprised of 7 dentists, 12 dental hygienists, 5.6 dental assistants, and 1 secretary. The program currently annually operates out of more than 200 schools, 4 community-based and 2 institution-based dental clinics. Division programs continually evaluate the needs of the community and make adjustments to program activities in an endeavor to meet these needs.

H. Discussion of Program Revenue

Program revenues include collection of fees from Medicaid, other third party payers and nominal cash payments for dental treatment from clients.

I. Summary of Analysis Performed

None.

J. Further Considerations

None.

REPORT P61-A

PROGRAM ID:

HTH180

PROGRAM STRUCTURE NO. 05010601

PROGRAM TITLE:

CHRONIC DISEASE MANAGEMENT & CONTROL

		IN DOLL	.ARS	-		IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT	20.80* 1,923,483 2,570,142 4,750	19.80* 1,923,483 2,570,142 4,750	30.80* 2,185,728 2,184,236 4,750	30.80* 2,185,834 2,184,236 4,750	30.8* 2,187 2,184 4	30.8* 2,187 2,184 4	30.8* 2,187 2,184 4	30.8* 2,187 2,184 4
TOTAL OPERATING COST	4,498,375	4,498,375	4,374,714	4,374,820	4,375	4,375	4,375	4,375
BY MEANS OF FINANCING				,				
GENERAL FUND SPECIAL FUND OTHER FED. FUNDS	20.80* 1,117,554 18,000 * 3,362,821	19.80* 1,117,554 18,000 * 3,362,821	19.80* 993,893 18,000 11.00* 3,362,821	19.80* 993,999 18,000 11.00* 3,362,821	19.8* 994 18 11.0* 3,363	19.8* 994 18 11.0* 3,363	19.8* 994 18 11.0* 3,363	19.8* 994 18 11.0* 3,363
TOTAL POSITIONS TOTAL PROGRAM COST	20.80* 4,498,375 =======	19.80* 4,498,375	30.80* 4,374,714	30.80* 4,374,820	30.80* 4,375	30.80* 4,375	30.80* 4,375	30.80* 4,37 <i>5</i>

PROGRAM ID:

HTH-180

PROGRAM STRUCTURE NO: 05010601

PROGRAM TITLE:

CHRONIC DISEASE MANAGEMENT & CONTROL

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % ADULTS EATNG 5/MORE SERVGS OF FRUITS/VEG PER DAY	22	24	26	28	30	32	34	36
2 %ADULTS EXERCISING 20 MIN/DAY, AT LEAST 3 TIMES/WK	51	53	55	57	59	61	63	66
3 %ADULTS W/DIABETES WHO CHECK BLOOD GLUCOSE DAILY	52	53	54	55	56	57	58	59
4 %ADULTS W/DIAB OR ASTHMA RCVD FLU SHOT IN PAST YR	53	54	55	56	57	58	59	60
5 PER CAPITA CONSUMPTION OF CIGARETTES								
6 %MOMEN SERVD IN BCCCP OF TOTAL PROJ TO BE SERVED	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS								
1 ADULTS WITH DIABETES	75000	77000	79000	81000	83000	85000	87000	89000
2 ADULTS WITH ASTHMA	62000	61000	60000	59000	58000	57000	56000	55000
3 SEDENTARY ADULTS	16	15	14	12	11	10	9	8
4 OVERWEIGHT ADULTS	53	50	47	44	41	38	35	32
5 SMOKERS IN GRADES 9 - 12	14.9	14.7	14.5	14.3	14.1	13.9	13.7	13.5
6 ADULT SMOKERS	17.2	17	16.8	16.5	16.3	16.1	15.9	15.7
7 UNINSURED/UNDERINSURED WOMEN ENROLLED IN BCCCP	100	100	100	100	100	100	100	100
PROGRAM ACTIVITIES								
1 #SESS TO IMPL STDS/GUIDES FOR CHRN DIS PREY,MGT	53	67	48	41	40	38	41	40
2 #TRND IN STD PHYS ACT/NUTR/TOB/DIAB/ASTH/CANCER	880	1750	2025	1650	2275	1900	2325	2250
3 #CULT APPROP ED/INFO MAT/PUBL/CURRICULA DEV/REVSD	11	32	29	30	29	31	30	30
4 #POLICIES/LEGISLATION SUPPORTED AND/OR PASSED	8	11	9	9	9	9	9	9
5 #WOMEN RECEIVG MAMMO/PAP TESTS THRU BCCCP	1088	1000	1000	1000	1000	1000	1000	1000
6 #HI-RISK, LIMITED ENGLISH-SPKG INDIVIDUALS SERVED	3500	3500	3500	3500	3500	3500	3500	3500
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	2,930	2,933	2,78 9	2,788	2,788	2,788	2,788	2,788
ALL OTHER							,	•
CHARGES FOR CURRENT SERVICES								
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	2,930	2,933	2,789	2,788	2,788	2,788	2,788	2,788
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	2,930	2,933	2,789	2,788	2,788	2,788	2,788	2,788
TOTAL PROGRAM REVENUES	2,930	2,933	2,789	2,788	2,788	2,788	2,788	2,788
	-,	-,.,.	-,	-,.50	-,.50	2,,30	2,,00	2,100

A. Statement of Program Objective(s)

To provide statewide leadership in the areas of health promotion and chronic disease prevention and management by providing and using data; by disseminating guidelines, recommendations, and best practices for behavioral interventions; and by assisting communities and organizations to increase their capacity to promote healthy behaviors and prevent chronic diseases.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

Request to establish four temporary positions to implement Comprehensive Cancer Control Program (current federal fund ceiling is sufficient). Also request to establish one temporary .50 FTE Chronic Disease Epidemiologist (Tobacco) to implement surveillance and evaluation function in Tobacco Prevention and Control Program (current federal fund ceiling is sufficient).

C. <u>Description of Activities Performed</u>

The Branch consists of the following areas: Cancer Prevention and Control, Community Resources and Development, Diabetes and Chronic Disabling Diseases, Nutrition and Physical Activity, Bilingual Services and Tobacco Prevention and Control. The major activities performed by the Branch include:

- Surveys and assesses health risk factors and maintains data and surveillance systems that identify statewide chronic disease and related risk factors within communities and among various population groups.
- Disseminates health data and information, including behavioral health, on a statewide basis.
- Develops and implements innovative and culturally appropriate communitybased strategies, interventions, activities, and educational programs which manage and control morbidity and mortality related to chronic disease.
- Develops and promotes clinical, therapeutic, and educational disease management protocols, procedures and standards.

- Develops standards and guidelines for communities (e.g. nutrition and dietary standards and practice guidelines for asthma and diabetes mellitus).
- Builds community partnerships, coalitions, contracts and agreements which develop, mobilize and coordinate community resources focused on reducing the burden of chronic diseases.
- Consults and provides technical assistance and education to community groups, agencies, and institutions on disease prevention, management and control.
- Utilizes a variety of educational channels and multi-media approaches to educate the general public.
- Conducts professional conferences, paraprofessional and community-based workshops, forums, training and media programs related to chronic disease prevention and control.
- Advocates for policy, standard and law changes related to the prevention, control and management of chronic diseases.

D. Statement of Key Policies Pursued

The Branch assigns priority to nationally established core public health functions of assessment, policy development and assurance for effecting improved community health services and disease prevention and control. It recognizes that primary prevention is the most cost-effective and health-saving means to promote and ensure public health and safety. An additional cornerstone of Branch policy is building community capacity through program leadership, technical assistance and coordination of community resources, advocacy, partnerships, and community support.

E. Identification of Important Program Relationships

The Branch serves as a catalyst and leader in the state for controlling and managing the fiscal and human costs of disease through mobilizing and coordinating public and private sector programs, as well as implementing innovative intervention programs to address service gaps. The Branch provides important linkages for the DOH and facilitates collaboration among a wide variety of public and private organizations and agencies, as

well as national agencies and organizations such as the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Public Health Directors and the National Cancer Institute.

Strategies include designing and implementing health surveillance systems; developing and evaluating interventions; facilitating collaboration efforts of diverse community coalition; spearheading policy development and health planning efforts; and ensuring the availability and dissemination of accessible health prevention information and education.

F. Description of Major External Trends Affecting the Program

National trends, public health funding and health care reform strongly emphasize primary prevention through the core public health functions, rather than a focus on the provision of direct services. Broad, collaborative community participation and community development is also emphasized nationally. The CDC directs resources to disease surveillance, assessment and prevention of chronic diseases.

The national Healthy People 2010 objectives relating to nutrition, physical activity, tobacco cessation, obesity, etc., are integral to the projects and programs developed and implemented by the Branch. The top two root causes of death are tobacco use and poor diet/lack of physical activity. Seven of the ten leading causes of death in Hawaii are diseases that can be controlled, such as heart disease, stroke, and diabetes. Chronic diseases are among the most prevalent and preventable of all health problems. Thus, the clinical expertise of the branch focuses on implementing management and control programs to halt escalating health care costs.

Other trends relate to population patterns, including the continuing influx of immigrants with limited knowledge of English; emerging socioeconomic groups and health disparities among resident groups, such as Native Hawaiians and the homeless; and populations on the neighbor islands and the lack of access to health care and to new technology in health.

G. Discussion of Cost, Effectiveness, and Program Size Data

Downsizing and budget cuts have severely limited the ability of the Department programs to respond with appropriate professional expertise to populations in greatest need of care. Programs have maintained, and in some cases exceeded, planned effectiveness. Downsizing and budget reductions/restrictions have severely taxed the ability of the program to respond to the growing demand for chronic disease prevention and control efforts. While programs have been successful at securing federal funds, the branch must continue to have a core amount of general funds to respond to local issues and to properly administer programs.

H. <u>Discussion of Program Revenue</u>

Federal funds are received through the Centers for Disease Control and Prevention and the Preventive Health and Health Services Block Grant. The program continues to aggressively pursue support from federal and other sources of funding. It remains critical for core health promotion and disease prevention functions to be supported through general funds.

I. Summary of Analysis Performed

Branch programs have developed, implemented and maintained surveillance systems on adult health and risk behaviors, knowledge and attitudes, smoking, fruit and vegetable consumption, nutrition, weight control, alcohol consumption, hypertension, and exercise. State plans have been or are being developed for the programs with input from the community, community leaders, professional community, and consumers.

J. Further Considerations

Since the 1950's, significant lifestyle change has occurred, which has substantially increased the risk and potential for major illness among Hawaii's population. A balance between individual responsibility, community and government solutions needs to be identified as an ongoing process. A comprehensive, multi-faceted approach with expanding plans to support communities to strengthen health promotion and preventive programs and to work with individuals, groups, and communities will help in making Hawaii the health state for all.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH210

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORPORATION

		IN DOLL	ARS	!		IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	2,836.25* 198,596,000 108,827,000	2,836.25* 215,000,000 110,637,937	2,836.25* 220,071,000 146,652,978	2,836.25* 220,747,000 145,976,978	2,836.3* 220,747 145,977	2,836.3* 220,747 145,977	2,836.3* 220,747 145,977	2,836.3* 220,747 145,977
TOTAL OPERATING COST	307,423,000	325,637,937	366,723,978	366,723,978	366,724	366,724	366,724	366,724
BY MEANS OF FINANCING GENERAL FUND SPECIAL FUND	35,057,851 2,836.25* 272,365,149	37,388,986 2,836.25* 288,248,951	41,086,041 2,836.25* 325,637,937	41,086,041 2,836.25* 325,637,937	41,086 2,836.3* 325,638	41,086 2,836.3* 325,638	41,086 2,836.3* 325,638	41,086 2,836.3* 325,638
CAPITAL IMPROVEMENT COSTS PLANS DESIGN CONSTRUCTION EQUIPMENT	3,582,000 18,114,000 701,000	197,000 669,000 18,949,000 2,496,000	507,000 30,709,000 175,000	50,000 950,000 275,000				
TOTAL CAPITAL EXPENDITURES	22,397,000	22,311,000	31,391,000	1,275,000			*****	
BY MEANS OF FINANCING G.O. BONDS OTHER FED. FUNDS	22,397,000	22,311,000	13,163,000 18,228,000	1,275,000				
TOTAL POSITIONS TOTAL PROGRAM COST	2,836.25* 329,820,000	2,836.25* 347,948,937	2,836.25* 398,114,978	2,836.25* 367,998,978	2,836.30* 366,724	2,836.30* 366,724	2,836.30* 366,724	2,836.30* 366,724

PROGRAM ID:

HTH-210

PROGRAM STRUCTURE NO: 050201

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORPORATION

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS		***************************************						
1 OCCUPANCY RATE - ACUTE CARE	66.32	67.38	67.21	67.61	67.61	67.61	67.61	67.61
2 OCCUPANCY RATE - LONG-TERM CARE	94.85	96.29	96.8	96.84	96.84	96.84	96.84	96.84
3 AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)	5.01	5.07	5.01	4.99	4.99	4.99	4.99	4.99
4 AVERAGE LENGTH OF STAY - LONG-TERM CARE (DAYS)	183.38	193.89	192.94	191.07	191.07	191.07	191.07	191.07
5 AVER OPER COST PER PATIENT DAY (EXCL EQPT)(\$)	880.18	893.86	936.6	946.65	946.65	946.65	946.65	946.65
6 AVG PATIENT REVENUE PER PATIENT DAY (\$)	793.56	796.72	814.86	834.38	834.38	834.38	834.38	834.38
PROGRAM TARGET GROUPS								
1 ESTIMATED POPULATION OF SERVICE AREA	435008	441700	448972	455835	455835	455835	455835	455835
2 ESTIMATED POPULATION OF SERVICE AREA OVER AGE 65	169346	171050	174658	178345	178345	178345	178345	178345
PROGRAM ACTIVITIES								
1 NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	22331	22347	22570	22796	22796	22796	22796	22707
2 NUMBER OF IN-PATIENT DAYS - ACUTE CARE	111891	113376	113083	113771	113771	113771	113771	22796
3 NUMBER OF BIRTHS	3345	3379	3413	3447	3447	3447	3447	113771 3447
4 NUMBER OF ADMISSIONS - LONG-TERM CARE	1522	1461	1476	1491	1491	1491	1491	1491
5 NUMBER OF PATIENT DAYS - LONG-TERM CARE	279105	283275	284781	284886	284886	284886	284886	284886
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	50,933	51,995	53,007	53,220	53,562	53,905	53,905	53,905
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES	246,680	251,822	256,725	257,758	259,417	261,074	261,074	261,074
NON-REVENUE RECEIPTS	24,996	20	21	21	21	21	21	21
TOTAL PROGRAM REVENUES	322,609	303,837	309,753	310,999	313,000	315,000	315,000	315,000
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS	OF DOLLARS):							
SPECIAL FUNDS	322,609	303,837	309,753	310,999	313,000	315,000	315,000	315,000
TOTAL PROGRAM REVENUES	322,609	303,837	309,753	310,999	313,000	315,000	315,000	315.000

A. <u>Statement of Program Objectives</u>

To maintain and enhance the levels of service and quality of care for the communities we serve in the most effective and cost-efficient fashion thus providing better health for the people of Hawaii, with emphasis on support for our rural acute and rural long term care facilities. Hawaii Health Systems Corporation (HHSC) facilities include: Hilo Medical Center, Hale Ho'ola Hamakua, and Ka'u Hospital (East Hawaii Region); Kona Community Hospital and Kohala Hospital (West Hawaii Region); Maui Memorial Medical Center, Lanai Community Hospital and Kula Hospital (Maui Region); Leahi Hospital and Maluhia (Oahu Region); Kauai Veterans Memorial Hospital and Samuel Mahelona Memorial Hospital (Kauai Region).

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

No significant items requested in the FB 2005-07 operating budget.

C. <u>Description of Activities Performed</u>

System. The major activities carried out by HHSC system headquarters include policy formulation, hospital system governance, system governance, business development, quality assurance, strategic direction, planning and coordination, financial management, legal counsel, personnel management, materials management, information systems management, and technical services to support its community hospitals.

Facilities. The major activities and services provided by the twelve community facilities constitute the primary hospital acute care provider on the neighbor islands, and in most instances, the only in-patient hospital "safety net" services in rural locations, as well as the "back bone" for long term care (LTC) in the State of Hawaii. Acute inpatient services include: surgical, medical, critical care, obstetrics, pediatric, and psychiatric care. Outpatient care services include: ambulatory surgery, home health, and emergency room services. Clinical services include: nursing, anesthesiology, central supply, radiology, oncology, pathology, respiratory therapy, physical and occupational therapy, social services, pharmacy, and dietary. Support

services include: administration, admitting, business, personnel, data processing, medical records, logistics, housekeeping, and maintenance.

D. Statement of Key Policies Pursued

Dedication to excellence in providing accessible, comprehensive health care services that are quality driven, customer-focused, and cost effective. In addition, the facilities strive to provide this care with a dedication to quality standards maintained through JCAHO accreditation, where appropriate, Medicare/Medicaid certifications, and State licensure and health professional standards.

E. <u>Identification of Important Program Relationships</u>

Governance is provided to the HHSC through the system Board of Directors, with executive system management by the President and CEO and system staff. Regional management and advice is provided through five regional Chief Executive Officers with their staffs. Each works with other hospitals, health care organization, State government agencies and the Legislature, and the community. Advice on operations is provided by five Management Advisory Committees (MACs), an Executive Management Advisory Committee (composed of the Chairs of the five regional MACs) and a Physicians Advisory Group (PAG). Additional input is provided by nine HHSC-related 501(c)(3) foundations and twelve hospital auxiliaries.

F. Description of Major External Trends Affecting the Program

The crisis in physician availability, inadequate payments for long-term care, and requirements for multi-million dollar investments in healthcare information systems have a huge impact on HHSC. These conditions are combining to seriously threaten the ability of HHSC to continue to provide full access to quality healthcare services. Reduced payments for professional services from insurance companies and government payers plus rapidly escalating costs for physician malpractice insurance have resulted in physicians throughout Hawaii declining to provide on-call services for hospital emergency departments. As a result, specialty physicians are frequently

not available to provide services to the sick and the injured who come to HHSC emergency departments; and, HHSC may soon incur additional costs of several millions of dollars per year to pay specialty physicians to provide services at HHSC emergency departments. As a result, specialty physicians are frequently not available to provide services to the sick and the injured who come to HHSC emergency departments on the neighbor islands. Consequently, HHSC may soon incur additional costs of several millions of dollars per year to pay specialty physicians to provide services at HHSC emergency departments. The implementation of ACT 294, designed to equalize payments for long term care services between freestanding facilities and hospital-based facilities may lower payments to HHSC's safety net and rural facilities so drastically that substantial additional general funds are required to pay for services at these facilities, costing the state more money that it would cost to pay for these services with Medicaid budget dollars that are substantially subsidized by federal matching funds. Due to federally mandated patient safety initiatives, it is necessary for HHSC to make investments of multiple millions of dollars (\$40 million or more) in new information systems for electronic patient records/electronic medical records and computer-based physician order entry systems: However government and private payers are not underwriting the costs for these new systems. While these investments in information systems are already essential for HHSC to be able to comply with federal patient safety standards, there is no identified source of funding for them.

G. <u>Discussions of Cost, Effectiveness, and Program Size Data</u>

Threats to HHSC. Labor costs constitute approximately 60 percent of the HHSC budget. HHSC labor costs are high compared to national averages and are higher than those of other hospitals in Hawaii. While HHSC has been given limited authority to make memoranda of agreement and collective bargaining sub-agreements, HHSC is basically restricted from modifying salary and benefits and from outsourcing functions. Pay raises for HHSC are negotiated by the Office of Collective Bargaining, approved by the Administration, and then appropriated by the Legislature. Requiring HHSC to pay for collective bargaining increases approved on a statewide basis from operating revenues would impose unbearable financial hardship on the system; because, HHSC is unable to require higher reimbursement

from commercial or government healthcare payers to cover legislated payroll increases. Pay raises from collective bargaining make it increasingly difficult for the Corporation to manage operating costs. To provide adequate cash for payments to employees required by collective bargaining agreements, HHSC has requested that general fund revenues be provided to HHSC if any collective bargaining agreements are enacted.

In addition to assuming over \$150 million in prior liabilities HHSC inherited from the DOH the responsibility of providing "free" or under-reimbursed services to the public as well as the obligation to provide quality healthcare services in rural areas. Termination of these services is not allowed under Act 262 nor advisable as this would offer virtually no options for the poor, needy, and court directed cases; plus rural communities would be terribly disadvantaged if HHSC was not there to provide quality healthcare services.

H. <u>DISCUSSION OF PROGRAM REVENUE</u>

The majority of HHSC's expenses (90%) are paid for by HHSC's ability to generate revenues through the HHSC special fund by collecting payments for providing services. General funds for unprofitable safety net and rural healthcare services constitute the source of revenues for payment of remaining operating expenses. Million of dollars in grant funds and donations are made directly to both HHSC and respective HHSC facilities. Also over 100,000 hours of auxiliary hours are annually donated to HHSC. These foundation funds and auxiliary hours constitute a significant community contribution offsetting the financial demands facing HHSC.

I. SMMARY OF ANALYSIS PERFORMED

See Part G.

J. FURTHER CONSIDERATION

None.

REPORT P61-A

PROGRAM ID:

HTH420

PROGRAM STRUCTURE NO. 050301

PROGRAM TITLE:

ADULT MENTAL HEALTH - OUTPATIENT

		IN DOLL	.ARS	-		IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	226.00*	192.50*	200.50*	200.50*	200.5*	200.5*	200.5*	200.5*
PERSONAL SERVICES	12,882,223	14,951,148	17,299,298	17,114,905	17,114	17,114	17,114	17,114
OTHER CURRENT EXPENSES	40,478,645	49,622,180	60,580,661	60,777,507	60,778	60,778	60,778	60,778
EQUIPMENT	243,950	158,625	36,800	10,800	11	11	11	11
MOTOR VEHICLE	114,600	122,000	•	,		**	**	**
TOTAL OPERATING COST	53,719,418	64,853,953	77,916,759	77,903,212	77 002	77.000		
	=======================================	==========		77,703,212	77,903	77,903	77,903	77,903
BY MEANS OF FINANCING								
DI MEANS OF FINANCING	226.00*	192.50*	200.50*	200.50*	200 5:	200		
GENERAL FUND	49,591,759	59,703,493	63,305,701	63,292,154	200.5* 63,292	200.5*	200.5*	200.5*
SPECIAL FUND	2,507,430	3,507,430	12,968,028	12,968,028	•	63,292	63,292	63,292
	*	# #	*	12,700,020	12,968	12,968	12,968	12,968
OTHER FED. FUNDS	1,620,229	1,643,030	1,643,030	1,643,030	1,643	1,643	1,643	1,643
TOTAL POSITIONS	226.00*	192.50*	200.50*	200.50*	200.50*	200 504	200 50.	
TOTAL PROGRAM COST	53,719,418	64,853,953	77,916,759	77.903.212		200.50*	200.50*	200.50*
	20,117,410	V+,093,793	11,710,177	77,703,212	77,903	77,903	77,903	77,903
						========	=======	

PROGRAM ID:

HTH-420

PROGRAM STRUCTURE NO: 050301

PROGRAM TITLE:

ADULT MENTAL HEALTH - OUTPATIENT

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS							*	
1 % CONSUMERS AT HIGH INTENSITY FUNCTIONAL LEYEL	7	7	7	7	7	7	7	7
2 % CONSUMERS AT MODERATE INTENSITY FUNCTHL LEVEL	77	77	77	77	77	77	77	77
3 % CONSUMERS AT LOW INTENSITY FUNCTIONAL LEVEL	16	16	16	16	. 16	16	16	16
4 PERCENTAGE OF CONSUMERS ARRESTED	4	4	4	4	4	4	4	4
5 % CONSUMERS LIVING INDEPENDENTLY	64	64	64	64	64	64	64	64
6 % CONSUMERS EMPLOYED 7 % OF SATISFIED CONSUMERS	18 85	18 85	18 85	18 85	18	18	18	18
	65	69	65	. 62	85	85	85	85
PROGRAM TARGET GROUPS								
1 # CONSUMERS M/SEVERE MENTAL ILLNESS NEEDG SYCS	26564	26564	27000	27000	27000	27000	27000	27000
2 # PERSONS W/SEVERE ACUTE MENTAL HEALTH CRISIS	6772	6772	6800	6800	6800	6800	6800	6800
PROGRAM ACTIVITIES								
1 NO. OF CONSUMERS SERVED: OUTPATIENT SERVICES	3600	3600	3600	3600	3600	3600	3600	3600
2 # CONSUMERS SERVED: ASSERTIVE COMMUNITY TRIMI SVS	380	380	380	380	380	380	380	380
3 NO. OF CONSUMERS SERVED: CLUBHOUSE REHAB SYCS	600	600	600	600	600	600	600	600
4 NO. OF NEW ADMISSIONS	415	415	415	415	415	415	415	415
5 NO. OF DISCHARGES	850	850	850	850	850	850	850	850
6 # OF INDIVIDUALS PLACED IN COMMUNITY HOUSING	370	370	370	370	370	370	370	370
7 #OF CONSUMERS SERVED: CRISIS INTERVENTION SVCS.	22351	22351	22400	22400	22400	22400	22400	22400
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	1,310	1,310	1,310	1,310	1,310	1,310	1,310	1,310
ALL OTHER CHARGES FOR CURRENT SERVICES	4 744							
FINES, FORFEITS AND PENALTIES	1,730	1,136	1,136	1,136	1,136	1,136	1,136	1,136
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	3,040	2,446	2,446	2,446	2,446	2,446	2,446	2,446
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS C	F DOLLARS):						·	·
SPECIAL FUNDS	3,040	2,446	2,446	2,446	2,446	2,446	2,446	2,446
TOTAL PROGRAM REVENUES	3,040	2 44	0.444	• • • • • • • • • • • • • • • • • • • •	•	·	·	·
TOTAL THOUNANT RETEROLS	3,040	2,446	2,446	2,446	2,446	2,446	2,446	2,446

HTH 420: ADULT MENTAL HEALTH - OUPATIENT

A. Statement of Program Objective

Reduce the severity of disability due to mental illness through provision of community-based services including goal-oriented outpatient services, case management services, rehabilitation services, crisis intervention services, and community housing opportunities.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

N/A

C. <u>Description of Activities Performed</u>

Major activities carried out to achieve program effectiveness will continue to be performed by the Community Mental Health Centers (CMHCs), the Courts Branch, and purchase of service providers.

- Outpatient and Case Management Services An assessment/evaluation is performed for each person entering the mental health system and a treatment/discharge plan is prepared. Case management services assist people to achieve success in community living by providing linkages to appropriate programs.
- Psychosocial Rehabilitation This program is designed to help a person learn to rehabilitate in the community. Research is showing that rehabilitation services is one of the cornerstones of effective community placement.
- Residential Services A broad spectrum of housing options ranging from highly structured supervised facilities to totally independent residences and supported housing are continuing to be developed.
- 4. Treatment Services Four levels of treatment services are provided including inpatient services, specialized residential, intensive outpatient services, and outpatient services.
- 5. Crisis Services These services ensure that individuals experiencing acute and severe mental health problems receive prompt, intensive, and focused services designed to assess, stabilize, and provide linkage to other services as appropriate.

- Accreditation The Division has developed policies and procedures in keeping with national standards that results in the systems and standards of care that are consistent with best practices and CARF requirements.
- Billing The Division is participating in the State's QUEST program and is also actively
 pursing all other sources of revenue from third parties including the Medicaid
 Rehabilitation Option (MRO).
- 8. Management Information Systems Client and service data are maintained for evaluating and improving services. The Behavioral Health Information System (BHIS) is continuing to integrate clinical and billing data into one information system. An information system has also been implemented to authorize services and process claims.

D. Statement of Key Policies Pursued

- 1. Improve the accessibility, availability, and acceptability of services.
- 2. Ensure and oversee the provision of quality comprehensive mental health services and the maintenance of national accreditation of the CMHCs.
- As mandated by the U.S. District Court, continue to enhance and expand communitybased services so that discharged Hawaii State Hospital (HSH) patients can be maintained in the community. Community-based services will also help to prevent hospitalization.
- 4. Continued input from community and other human service deliverers in identifying needs and problems and working together to solve identified problems.
- Increasing collaboration and contractual agreements with the private sector and providers of needed, specialized services.
- 6. Continued utilization of revenue generated to refine programs and services provided.

E. Identification of Important Program Relationships

1. The Division maintained interagency relationships with the Housing and Community

- 2. Development Corporation of Hawaii, the Department of Public Safety, and the University of Hawaii.
- The Department of Human Services (DHS) to facilitate referrals, placements, and services of eligible persons under the QUEST program and the MRO.
- 4. General hospitals licensed as psychiatric inpatient facilities in relation to the appropriate kinds of patients to be cared for by each.
- 5. Circuit, District, and Family Courts relative to the admission and discharge of involuntary patients and transfers to correctional facilities.
- National accreditation organizations relative to the accreditation of mental health services and increasing ability to recoup revenues.

F. Description of Major External Trends Affecting the Program

- 1. Fiscal constraints at both the Federal and State levels.
- The influence of the Federal government in shaping the direction of programs and public
 policy including the President's New Freedom Commission and Community Mental
 Health Services Block Grant requirements.
- 3. Policies and procedures established within other agencies.
- DHS's proposed changes to Medicaid including shifting to managed care plans with capitated rates.
- 5. Fluctuations in the supply of appropriately qualified technical, professional, and paraprofessional staff relative to mental health services.
- 6. Impact of the "ice" epidemic on persons with severe and persistent mental illness.

G. Discussion of Cost, Effectiveness, and Program Size Data

Discrepancies between the previously planned levels and those actually achieved reflected in

the cost data are due to the significant expansion of community-based services being purchased to support individuals discharged and diverted from HSH. There is also a continuing need for contracted inpatient services for individuals transferred from HSH.

Cost data for the planning period is based upon further expansion of community-based services to meet the needs of individuals being discharged and diverted from HSH. During the upcoming budget period, differences in cost are primarily attributed to the extent resources are made available. As a result of federal court ordered expansion of crisis services and changes to the eligibility criteria, the number of people being served is greatly increasing.

H. Discussion of Program Revenue

Active pursuit of all sources of revenue for the provision of mental health services is continuing including implementation of the MRO. The continued implementation of BHIS will result in a more efficient and effective billing and collection process for the CMHCs.

I. Summary of Analysis Performed

The State and the DOJ have submitted to the U.S. District Court a proposed extension to the Community Plan. The Community Plan includes hospital-based and community-based services to meet the clinical and social needs of individuals who have been or currently are patients of HSH; individuals who have been or will be discharged, transferred, or diverted from HSH; and individuals who are at risk of hospitalization at HSH. The approved Community Plan will be the basis for any major program changes.

J. Further Considerations

There is a continuing need to maintain consumers in the community by supplying adequate services to completely support the consumers. Limited resources have curtailed the CMHC's ability to provide the level of case management services that are required to meet federal court requirements. The cost of appropriate residential, community support, and structured psychosocial rehabilitation services cost considerably less that the cost of hospitalization.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH430

PROGRAM STRUCTURE NO. 050302

PROGRAM TITLE:

ADULT MENTAL HEALTH - INPATIENT

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	617.50*	627.50*	627.50*	627.50*	627.5*	627.5*	627.5*	627.5*
PERSONAL SERVICES	20,701,586	27,383,937	27,844,687	27,845,876	27,846	27.846	27,846	27,846
OTHER CURRENT EXPENSES EQUIPMENT	8,561,851	17,228,235	21,088,867	21,088,867	21,089		21,089	21,089
·		756,862	428,000					
TOTAL OPERATING COST	29,263,437	45,369,034	49,361,554	48,934,743	48,935 ======	48,935 ======	48,935 ======	48,935
BY MEANS OF FINANCING				!				
	617.50*	627.50*	627.50*	627.50*	627.5*	627.5*	627.5*	627.5*
GENERAL FUND	29,263,437	45,369,034	49,361,554	48,934,743	48,935	48,935	48,935	48,935
CAPITAL IMPROVEMENT COSTS								
PLANS			375.000	125,000				
DESIGN	27,000		2,012,000	1,843,000				
CONSTRUCTION	1,153,000		_,,	410,000				
TOTAL CAPITAL EXPENDITURES	1,180,000		2,387,000	2,378,000				
					******	=======		
BY MEANS OF FINANCING				!				
G.O. BONDS	1,180,000		2,387,000	2,378,000				
TOTAL POSITIONS	617.50*	627.50*	627.50*	627.50*	627.50*	627.50*	627.50*	627.50*
TOTAL PROGRAM COST	30,443,437	45,369,034	51,748,554	51,312,743	48,935	48,935	48,935	48,935
					========	========	=======	========

PROGRAM ID:

PROGRAM TITLE:

HTH-430

PROGRAM STRUCTURE NO: 050302

ADULT MENTAL HEALTH - INPATIENT

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS					ALL COL COL COL COL COL COL COL COL COL C	400 400 400 400 400 400 400 EE	24 25 M 27 M 27 M 24 LA 14	
1 % PATIENTS DISCHARGED TO COMMUN-BASED SERVICES 2 % TREATED/DISCH W/CONTIN COMMUN TENURE > 12 MONS	100 25	100 25	100 25	100 25	100 25	100 25	100 25	100 25
PROGRAM TARGET GROUPS								
1 # PENAL COMMITMENT PATIENTS 2 # CIVIL COMMITMENT PATIENTS	160 30	160 30	160 30	160 30	160 30	160 30	160 30	160 30
PROGRAM ACTIVITIES								
1 # NEW ADMISSIONS 2 # READMISSIONS 3 # DISCHARGES 4 # FORENSIC/COURT-ORDERED ADMISSIONS 5 # PATIENTS RECEIVING SERVICES IN THE REHAB UNITS PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380	110 80 180 190 380
TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER								
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	165	165	164	164	164	164	164	164
TOTAL PROGRAM REVENUES	165	165	164	164	164	164	164	164
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS	OF DOLLARS):							
GENERAL FUND	165	165	164	164	164	164	164	164
TOTAL PROGRAM REVENUES	165	165	164	164	164	164	164	164

A. <u>Statement of Program Objective</u>

Reduce the severity of disability due to severe mental illness through provision of inpatient care with the ultimate goal of community reintegration.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

N/A.

C. <u>Description of Activities Performed</u>

Hawaii State Hospital (HSH) provides specialized inpatient treatment for adults with severe and persistent mental illness (SPMI) at the acute and subacute rehabilitative levels of care. Each of the units provides individualized treatment planned to build needed skills that will support self directed recovery and permit the individual to live successfully in the community. Special programs/service elements are directed toward patients that are mentally ill and substance abusers, mentally ill and developmentally disabled, and the forensic patient's special clinical and legal challenges.

- 1. Provides a safe, structured environment to evaluate and stabilize patients who are newly admitted, acutely disorganized, assaultive, or suicidal.
- Continues the biological stabilization of acutely ill patients after admission and begins the psychosocial intervention that are person-centered, strength based and recovery oriented, supplying the necessary social and legal supports to permit interventions for achieving longer range goals in less restrictive units and community settings.
- Implements a specific comprehensive program of psychosocial rehabilitation aimed at SPMI patients with multiple admissions and community placement failures by involving them as participants in their own rehabilitation rather than as chronic custodial care patients.
- 4. Focuses on psychosocial rehabilitation for successful community reintegration.

- 5. Provides a structured and secure rehabilitation setting for patients with SPMI and anti-social behavior, creating an environment that is safe, supportive and focused on the patient's recovery needs.
- 6. Treatment of medically frail patients, as well as providing medical, dental, and other related services to the patients on all units.

D. <u>Statement of Key Policies Pursued</u>

- Admit only those individuals that are court ordered or SPMI patients needing an
 acute hospital level of care and place other referrals in a safe and appropriate,
 less restrictive setting.
- Improve the quality of services provided to patients using a Performance
 Improvement philosophy and approach that bases decisions upon data, evidence,
 and implementation upon staff input and empowerment with accountability for
 performance.
- 3. Discharge patients to the least restrictive environment as soon as further hospitalization is no longer needed.
- Maintain accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Collaborate with the Community Mental Health Centers and the Assertive Community Treatment teams to provide services across the continuum of care for the patients served by HSH.
- 6. Continue to meet the terms of the Hawaii State Hospital Remedial Plan for Compliance (Remedial Plan).

E. <u>Identification of Important Program Relationships</u>

1. Circuit, District and Family Courts are important referral sources of SPMI patients for appropriate placement within the continuum of care provided by the

Adult Mental Health Division (AMHD).

- Community general hospitals with inpatient psychiatric facilities and psychiatric hospitals are also important referral sources of patients for appropriate placement within the continuum of care provided by AMHD.
- 3. The United States Department of Justice and its consultants are supervising the implementation of the terms of the settlement agreement.
- 4. The Department of Public Safety cares for some SPMI patients while they are being adjudicated.

F. <u>Description of Major External Trends Affecting the Program</u>

HSH has established a dialog with the Judiciary, which will result in the more efficient use of hospital resources while maintaining public safety. The movement to assertive community treatment of the SPMI will permit patients to be placed in less restrictive environments while efficiently utilizing the limited resource available.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

A continuum of care, which permits placement of patients in the most appropriate setting, will produce the most efficient and effective care for Hawaii's SPMI population.

H. <u>Discussion of Program Revenue</u>

The continued implementation of the AMHD's Behavioral Health Information System will also assist in revenue collection.

I. Summary of Analysis Performed

Compliance with the Remedial Plan will be the basis for any major program changes at HSH.

J. Further Considerations

The continued enhancement and expansion of community-based services to allow alternatives to maintaining patients in an inpatient setting is the key to success in the future. The cost of appropriate community-based services is significantly less than the cost of hospitalization.

REPORT P61-A

PROGRAM ID:

HTH440

PROGRAM STRUCTURE NO. 050303

PROGRAM TITLE:

ALCOHOL & DRUG ABUSE

		IN DOLLARS					IN THOUSANDS					
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11				
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	28.00* 1,406,301 18,795,930	28.00* 1,406,301 18,495,930	28.00* 1,486,866 21,585,930	28.00* 1,487,161 21,585,930	28.0* 1,487 21,586	28.0* 1,487 21,586	28.0* 1,487 21,586	28.0* 1,487 21,586				
TOTAL OPERATING COST	20,202,231	19,902,231	23,072,796	23,073,091	23,073	23,073	23,073	23,073				
BY MEANS OF FINANCING				!								
GENERAL FUND SPECIAL FUND OTHER FED. FUNDS	22.00* 9,192,364 150,000 6.00* 10,859,867	22.00* 8,892,364 150,000 6.00* 10,859,867	22.00* 12,062,929 150,000 6.00* 10,859,867	22.00* 12,063,224 150,000 6.00* 10,859,867	22.0* 12,063 150 6.0* 10,860	22.0* 12,063 150 6.0* 10,860	22.0* 12,063 150 6.0* 10,860	22.0* 12,063 150 6.0* 10,860				
TOTAL POSITIONS TOTAL PROGRAM COST	28.00* 20,202,231	28.00* 19,902,231	28.00* 23,072,796	28.00* 23,073,091	28.00* 23,073	28.00* 23,073	28.00* 23,073	28.00* 23,073 ======				

PROGRAM ID:

HTH-440

PROGRAM STRUCTURE NO: 050303

PROGRAM TITLE:

ALCOHOL & DRUG ABUSE

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % CLIENTS COMPLETING TREATMENT	. 49	49	49	49	49	49	49	49
2 % NATIVE HAWAIIANS COMPLETING TREATMENT	45	45	45	45	45	45	45	45
3 % INJECTION DRUG USERS COMPLETING TREATMENT	25	25	25	25	25	25	25	25
4 % CLIENTS W/REDUCED FREQ OF USE AT 6MO AFTER TRIMT	75	75	75	75	75	75	75	75
5 % CLIENTS W/NO NEW ARRESTS AT 6 MON AFTER TRIMT	87	87	87	87	87	87	87	87
6 % TRNG ATTENDEES REPTG TRNG WAS BENEFICIAL	99	99	99	99	99	99	99	99
7 #SPEC TRIMT FACIL & THERAPEUTIC LIVE PROGS ACCRED	20	20	20	20	20	20	20	20
8 #SUBS AB COUN,CLIN SUPS, PREV SPEC, PROG ADM CERT 9 # CURRENT SUBST ABUSE NEEDS ASSESSMENTS COMPLTD	45	45	45	45	45	45	45	45
10 %RANDOM VENDORS NOT SELL TOBACCO PROTS TO MINORS	1 80	0 80	1 80	0 80	1 80	0 80	0 80	0 80
PROGRAM TARGET GROUPS								
1 PERSONS IN NEED OF SUBSTANCE ABUSE TREATMENT	106242	106242	106242	106242	106242	106242	106242	106242
2 CONTRACTED PREVNTION & TREATMENT SERVICE PROVIDERS	25	25	25	25	25	25	25	25
3 TRAINEES RECEIVE CONTINUING ED APPROVED UNITS	2247	2247	2247	2247	2247	2247	2247	2247
4 #SPEC TRIMT FACIL & THERAP LIVG PROGS REQRG ACCRED	20	20	20	20	20	20	20	20
5 #PERSONS APPLYG FOR CERTIF AS SUBST AB PROFESSNLS	200	200	200	200	200	200	200	200
6 NEEDS ASSESSMENT SURVEY PARTICIPANTS	5000	20000	0	20000	0	20000	0	20000
7 TOBACCO VENDORS	1010	1010	1010	1010	1010	1010	1010	1010
PROGRAM ACTIVITIES								
1 # PERSONS RECEIVING TREATMENT	4500	4500	4500	4500	4500	4500	4500	4500
2 #SUBST ABUSE PREV&TRTMT CONTRACTS REQUIRG MONITORG	60	60	60	60	60	60	60	60
3 #PERS RECYG SUBST ABUSE TRNG CONT ED APPRVD UNITS	2247	2247	2247	2247	2247	2247	2247	2247
4 #SPEC TRT FACIL & THERP LIVG PRGS RVIEWD FOR ACCRD	20	20	20	20	20	20	20	20
5 #APPLICS REVWD FOR ELIG FOR SUB AB PROF CERTIFCTN	200	200	200	200	200	200	200	200
6 #SUB AB COUN,CLIN SUP,PREV SPC,PRG ADM EXAMS GIVEN 7 #STATEHIDE NEEDS ASSESSMTS OR SPEC STUDIES CONDCTD	200	200	200	200	200	200	200	200
8 #TOB VENDORS RANDMLY INSP NOT SELLG TO MINORS	1 215	1 215	0 215	1 215	0 215	1 215	1 215	1 215
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								•
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	10,544	10,583	10,548	7,598	7,597	7,597	7,597	7,597
CHARGES FOR CURRENT SERVICES	50	50	50	50	50	50	50	50
FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	10,594	10,633	10,598	7,648	7,647	7,647	7,647	7,647
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):		•					•
SPECIAL FUNDS	10,594	10,633	10,598	7,648	7,647	7,647	7,647	7,647
TOTAL PROGRAM REVENUES	10,594	10,633	10,598	7,648	7,647	7,647	7,647	7,647
							•	

A. <u>Statement of Program Objectives</u>

To provide leadership in reducing the severity and disabling effects related to alcohol and other drug use, abuse, and dependence by ensuring the implementation of current needs assessments, policy formulation, and quality assurance functions and by assuring an effective, accessible, public/private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health enhancing choices regarding the use of alcohol and other drugs.

B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u>

Not applicable.

C. <u>Description of Activities Performed</u>

Major activities carried out to achieve program effectiveness are performed by purchase-of-service contracts with private, non-profit substance abuse agencies.

Substance abuse treatment services involve addressing addiction and relapse issues, and helping the substance dependent person develop coping skills to prevent or interrupt the dependence and relapse cycle. Structured continuing treatment services are provided to continue the client's program of change to achieve a drug-free lifestyle. Treatment focuses on developing the client's attitudes, motivation, knowledge and skills to bring about the abstinence and change in one's self and lifestyle by affecting the physical, psychological, social, familial and spiritual aspects of one's life. Treatment services include: adult residential, intensive outpatient, outpatient, non-medical residential detoxification and methadone maintenance and adolescent residential and school-based outpatient services. Populations of particular emphasis continue to be pregnant women, parenting women with children, injection drug users and Native Hawaiians.

Federally funded prevention services concentrate on high-risk children and

youth; underage drinking; and misused and abused prescription services to the elderly.

Clinical consultation activities involve didactic presentations; program and case consultation; maintenance of expertise in and assurance of technology transfer related to the prevention, intervention and treatment of substance abusers. Other activities include developing requests for proposals, processing contracts, monitoring of service delivery, fiscal management, evaluation of outcomes and providing technical assistance to POS agencies. Training services include development, implementation and updating of a statewide substance abuse training plan and training network for addiction counselors, substance abuse program administrators, completion of a training assessment biannually; and development of training sites and curricula.

D. <u>Statement of Key Policies Pursued</u>

- 1. Improve the accessibility, availability and acceptability of services.
- 2. Ensure and oversee the provision of quality, comprehensive alcohol and drug abuse services within each service area of the State.
- 3. Secure input from residents, consumers and other human service deliverers in identifying needs and problems.
- 4. Develop contractual agreements with other public and private sectors to maximize the provision of services to the general public.

E. Identification of Important Program Relationships

- 1. Other State agencies—Department of Human Services, Education, Public Safety, Attorney General, State Procurement Office, SHPDA.
- 2. University of Hawaii and its Community College system to utilize their resources for in-service staff training and staff development.
- 3. Private health and social service agencies that provide prevention, outpatient and residential alcohol and drug abuse services through contracts with the Department of Health.

 Federal Agency—Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services that provides Block Grant funds and other grants to the State of Hawaii.

F. <u>Description of Major External Trends Affecting the Program</u>

Major trends affecting the program include social and economic conditions which alter accustomed patterns of living producing increased emotional stress on individuals and families with a resulting greater demand for substance abuse services; increased availability of drugs, including marijuana and crystal methamphetamine; increased numbers of drug exposed infants; risk of HIV infection among substance abusing populations; increased state and federal focus on accountability outcome objective monitoring; and the federal government's influence in shaping the direction of substance abuse programs and public policy.

G. Discussion of Cost, Effectiveness, and Program Size Data

There is an increased demand for both adult and adolescent substance abuse treatment services resulting in a daily waitlist for residential treatment of between 150 and 300 clients which is being addressed by funds from Act 40, SLH 2004 for FY 2005. There is an increased need for treatment services as documented by the Hawaii 1998 Adult Household Survey indicating that over 82,000 adults in Hawaii are in need of treatment. The Division currently has the ability to fund treatment for 2,200 adult clients. Research shows that for every dollar spent on substance abuse treatment, between seven and eleven dollars are saved in other health, human services and criminal justice costs.

H. <u>Discussion of Program Revenues</u>

The SAMHSA Block Grant provides for a major portion of the federal funds for this program and funding is anticipated to continue at this level for the near future.

Summary of Analysis Performed

None

J. Further Considerations

Congress continues to reduce the flexibility of block grant planning and funding allocated to the State, by requiring set asides and the implementation of various service specific initiatives.

The Hawaii 2002 Student Alcohol and Other Drug Use Survey indicates that over 11,000 (10.6%) students in grades 6 through 12 meet the criteria for needing substance abuse treatment. Currently, the Division has enough funds to treat 1,142 of the youths in need of treatment. At this time, adolescent treatment services are only available in 36 public high schools and 2 public middle schools.

The Division's 1995 Double Blinded Study of Women of Childbearing Age indicating that 12.7% of women surveyed had used one of more illegal drug(s) within 48 hours of requesting a pregnancy test. There is a continued need to increase services for pregnant women.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH460

PROGRAM STRUCTURE NO. 050304

PROGRAM TITLE:

CHILD & ADOLESCENT MENTAL HEALTH

	···						IN THOUSANDS					
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11				
OPERATING COST	171.00*	169.00*	169.00*	169.00*	169.0*	169.0*	169.0*	169.0*				
PERSONAL SERVICES	11,309,841	11,115,275	11,659,329	11,661,709	11,662	11,662	11,662	11,662				
OTHER CURRENT EXPENSES	62,109,303	55,046,990	54,269,129	54,269,129	54,269	54,269	54,269	54,269				
TOTAL OPERATING COST	73,419,144	66,162,265	65,928,458	65,930,838	65,931	65,931	65,931	65,931				
BY MEANS OF FINANCING				1			•					
OFWER LEE STORM	171.00*	169.00*	169.00*	169.00*	169.0*	169.0*	169.0*	169.0*				
GENERAL FUND	62,987,235	55,692,421	55,416,453	55,418,833	55,419	55,419	55,419	55,419				
	*	*	*	*	*	*	*	*				
SPECIAL FUND	7,488,706	7,488,706	7,530,867	7,530,867	7,531	7,531	7,531	7,531				
	*	*	*	*	*	*	*	*				
OTHER FED. FUNDS	693,203	731,138	731,138	731,138	731	731	731	731				
	*	*	*	*	*	*	*	*				
INTERDEPT. TRANSFER	2,250,000	2,250,000	2,250,000	2,250,000	2,250	2,250	2,250	2,250				
TOTAL POSITIONS	171.00*	169.00*	169.00*	169.00*	169.00*	169.00*	169.00*	169.00*				
TOTAL PROGRAM COST	73,419,144	66,162,265	65,928,458	65,930,838	65,931	65.931	65.931	65,931				
		==========	=========	=========	=======		=======					

PROGRAM ID:

HTH-460

PROGRAM STRUCTURE NO: 050304

PROGRAM TITLE:

CHILD & ADOLESCENT MENTAL HEALTH

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS		100 100 100 000 000 100 100 100 100 100						
1 % CHDRN/YOUTH ADMITTD TO RESIDENTIAL PROGRAMS	12	16	12	12	12	12	12	12
2 AVE LENGTH STAY (DAYS) CHDRN/YOUTH IN RES PRGM	205	250	205	205	205	205	205	205
3 % REG CHDRN/YOUTH SHOW IMPRVMT BY CAFAS/ACHENBACH	67	67	67	67	67	67	67	67
4 % DIR SRV EXPENDITURES FOR WHICH FED REIMB RECVD	6	6	6	6	6	6	6	6
5 % OF CHDRN & YOUTH UNSERVED > 30 DAYS	0	2	1	1	1	1	1	1
6 %CHDRN/ADOL W/SRV MISMATCHES > 30 DAYS	1	5	2	2	2	2	2	2
7 % COMPLEX INT REVIEWS ACHIEVE PERFMCE RATING 85%	88	88	85	85	85	85	85	85
8 % OF POS PROGRAMS MONITORED	100	100	100	100	100	100	100	100
9 HOURS OF STAFF TRNG & DEV IN EVIDENCE BASES SRV	343	400	400	400	400	400	400	400
10 HRS TRNG & DEV IN EVIDENCE BASES SRV TO PROVIDERS	275	300	400	400	400	400	400	400
PROGRAM TARGET GROUPS								
1 # CHRN/YOUTH IDENTIF UNDER IND H/DISABILITIES 504	1954	2000	2000	2000	2000	2000	2000	2000
2 # CHRN IDENTIFIED BY CAMHD AS QUALIF FOR HI QUEST	914	1110	1100	1100	1100	1100	1100	1100
3 # CHRN/YOUTH IN RESIDENTIAL PROGRAMS	391	630	300	300	300	300	300	300
4 # CHRN/YOUTH RESIDING IN HI FROM 3 TO 21 YEARS AGE	300000	300000	300000	300000	300000	300000	300000	300000
5 NUMBER OF PURCHASE OF SERVICE PROGRAMS	37	35	35	35	35	35	35	35
PROGRAM ACTIVITIES								
1 #CHRN/YOUTH RECV SRV IN HOSPITAL BASED RES PROG	62	75	75	75	75	75	75	75
2 #CHRN/YOUTH RECV SRV NON- HOSPITAL BASED RES PROG	369	550	370	370	370	370	370	370
3 #CHRN/YOUTH RECV HOME & COMMUNITY BASED SERVC	2053	2060	2060	2060	2060	2060	2060	2060
4 TOTAL AMOUNT (IN 1000'S) BILLED FOR SRV PROVIDED	42000	45000	44000	44000	44000	44000	44000	44000
5 # OF PURCHASE OF SERVICE PROGRAMS TO BE MONITORED	37	35	35	35	35	35	35	35
6 TOTAL NUMBER OF HOURS DEVOTED TO STAFF TRNG & DEV	437	450	450	450	450	450	450	450
7 TOTAL NUMBER OF HOURS DEVOTED TO TRNG OUTSIDE PROV	285	300	300	300	300	300	300	300
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY	56	62	62	62	62	62	62	62
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	2,141	1,721	1,721	1,721	1,421	1,421	1,421	1,421
CHARGES FOR CURRENT SERVICES	535	1,200	550	550	550	550	550	550
FINES, FORFEITS AND PENALTIES		·						
NON-RÉVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	2,732	2,983	2,333	2,333	2,033	2,033	2,033	2,033
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF	F DOLLARS):							
SPECIAL FUNDS	2,732	2,983	2,333	2,333	2,033	2,033	2,033	2,033
TOTAL PROGRAM REVENUES	2,732	2,983	2,333	2,333	2,033	2,033	2,033	2,033

A. Statement of Program Objectives

To improve the emotional well being of children and adolescents and to preserve and strengthen the family-focused, community-based system of care that addresses the physical, social, emotional, and other developmental needs within the least restrictive environment.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

Not applicable.

C. <u>Description of Activities Performed</u>

Activities carried out to achieve program outcomes are provided by eight branches and the central division administrative offices (central office). The central office assures that a comprehensive array of services is available in all communities, and that these contracted services are being provided as expected. The Clinical Services Office disseminates and evaluates the application of evidence-based services across the state. The Performance Management Office oversees the credentialing, certification and monitoring of provider agencies. The PMO also operates the Division's Grievance Office and oversees the Division Quality Assurance and Improvement Program. The Central Administrative Services manages contracts, personnel, accounting, and claims review processes. Staffs in the seven Family Guidance Center branches provide intake assessments and intensive case management services while procuring needed treatments from the contracted provider array. Services are provided with the treatment goal of improving the emotional well being of the children or adolescent, while strengthening the family and community's ability to support the child as they grow. Staff in the Family Court Liaison Branch provides risk-for-harm screening, mental health assessments, and treatment services for adolescents entering the Detention Home or Hawaii Youth Correctional Facility. CAMHD operates as a managed care, Behavioral Health Organization for the Medicaid eligible population.

D. Statement of Key Policies Pursued

The CAMHD maintains services as a qualified Medicaid managed care plan. As such the program adheres to the strict requirements of the balanced budget act as monitored and evaluated by an external quality review organization.

E. Identification of Important Program Relationships

The Department of Education (DOE) and the CAMHD collaborate to provide a comprehensive system of education and behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities.

The Department of Human Services and CAMHD collaborate to provide behavioral services for QUEST and Medicaid Fee-For-Service youth determined to be in need of intensive mental health services.

The CAMHD maintains provider service contracts with mental health providers statewide.

The CAMHD has grant awards through the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

The CAMHD collaborates with the Hawaii State Judiciary for indicated mental health services for youth.

F. <u>Description of Major External Trends Affecting the Program</u>

Major trends affecting the program are: (1) social and economic conditions which create undue mental stress on families, making them less able to deal with their dependents and responsibilities resulting in an increased demand for mental health services; (2) the implementation of state legislation dealing with mental health (e.g. parity); (3) The availability of trained qualified mental health professionals; (4) The sustainability requirements of the Felix Consent Decree; (5)

The Olmstead Decision; (6) criminal history checks for employees and providers; (7) DOE and Department of Health, via CAMHD, joint responsibility for children and adolescents in public school requiring mental health services to benefit from their education; (8) CAMHD operating requirements in order to meet the expectations of Medicaid Managed Care Healthplans; (9) provider cost increases including labor costs, increased litigation costs, and increased insurance costs; and (10) the increase of program services availability to youth aged 18 through 20.

G. Discussion of Cost, Effectiveness, and Program Size Data

<u>Costs</u>: In FY02, program costs were about \$98 million. In FY03 expenditures dropped to about \$58 million and in FY04 expenditures were about \$54 million. This decline was driven to a large part by the transfer of selected services to the DOE. Budgeted expenses for FY05 are about \$57 million. The CAMHD is dependent upon significant reimbursements from MedQUEST to meet expense projections during FY05.

<u>Effectiveness</u>: The CAMHD maintains comprehensive performance indicators that are published quarterly. Many of these measures are of interest to the Federal Courts regarding the sustainability of improvements. The majority of performance goals have been consistently met or exceeded. Measures that did not meet targeted performance thresholds have required the implementation of improvement strategies.

<u>Program size data</u>: In the last quarter of FY04, the served population was 1,762 youth, a decrease of 91 from the previous quarter. This was the first quarter since the beginning of FY04 that there was a decrease in the total population served. When the fourth quarter of FY04 is compared to the same time the previous year, the program has experienced a 6% overall increase in its registered population.

H. <u>Discussion of Program Revenue</u>

The program receives revenue from two significant sources: Medical Assistance and Administration (Title XIX, SSA); and Medicaid cost reimbursements. These

reimbursements during FY04 were about \$2M. The CAMHD expects to exceed this amount in FY05 due to not only an increase in capitated payments from MedQUEST, but as a result of authorization to bill Medicaid for some retro-claims secondary to a modification in the State Plan Amendment.

I. Summary of Analysis Performed

The program has not completed a special analytical study that would support a substantial change in program services.

J. Further Considerations

None.

REPORT P61-A

PROGRAM ID:

HTH495

PROGRAM STRUCTURE NO. 050305

PROGRAM TITLE:

BEHAVIORAL HEALTH ADMINISTRATION

PROGRAM EXPENDITURES		IN DOLL	.ARS			IN THOUS	SANDS	
	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT	63.00* 5,045,086 2,815,808 18,000	63.00* 5,137,496 2,815,808	65.00* 6,136,050 3,018,704 36,300	65.00* 6,136,628 3,018,704 36,300	65.0* 6,137 3,055	65.0* 6,137 3,055	65.0* 6,137 3,055	65.0* 6,137 3,055
TOTAL OPERATING COST	7,878,894	7,953,304	9,191,054	9,191,632	9,192	9,192	9,192	9,192
BY MEANS OF FINANCING				ţ				
GENERAL FUND	63.00* 7,435,392	63.00* 7,509,802	65.00* 7,686,555	65.00* 7,687,133	65.0* 7,688	65.0* 7,688	65.0* 7,688	65.0* 7.688
OTHER FED. FUNDS	443,502 [*]	* 443,502	1,504,499	1,504,499	* 1,504	* 1,504	* 1,504	1,504
TOTAL POSITIONS TOTAL PROGRAM COST	63.00* 7,878,894 =======	63.00* 7,953,304	65.00* 9,191,054	65.00* 9,191,632	65.00* 9,192	65.00* 9,192	65.00* 9,192 =======	65.00* 9,192

PROGRAM ID:

HTH-495

PROGRAM STRUCTURE NO: 050305

PROGRAM TITLE:

BEHAVIORAL HEALTH ADMINISTRATION

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 #SPEC TRIMT FACIL & THERP LIVING PROGS ACCREDTD 2 #SUB AB. COUNS/CLIN SUP/PREV SPEC/PROG ADMIN CERT 3 # CURR. ADULT SUB ABUSE NEEDS ASSESSMTS CONDUCTED 4 # CURR. YOUTH SUB ABUSE NEEDS ASSESSMTS CONDUCTED 5 % VENDORS COMPLY W/LAMS SALE OF TOBACCO TO MINORS 6 % OF PURCHASE OF SERVICE PROGRAMS MONITORED	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS								
1 RESIDENT POPULATION 2 # OF PERSONS IN NEED OF TREATMENT 3 # OF PROGRAMS APPLYING FOR ACCREDITATION 4 # PERSONS APPLY FOR CERT AS SUB ABUSE PROF	1151229 27000	1151229 27000	1151300 27000	1151300 27000	1151300 27000	1151300 27000	1151300 27000	1151300 27000
5 # OF PURCHASE OF SERVICE PROGAMS	35	35	40	40	40	40	40	40
PROGRAM ACTIVITIES								
1 #SPEC TRIMT FAC & THERAP LIV PROG REVU FOR ACCRDIN 2 # OF PURCHASE OF SERVICE PROGRAMS TO BE MONITORED 3 # APPLIC REV DETERMINE ELIG SUB. ABUSE PROF CERTIF 4 #SUB AB COUN/CLIN SUP/PREV SP/PROG ADMIN EXAM DONE 5 # TOBAC VEN INSPEC COMPLY W/LAW PROH SALE TO MINOR 6 # STATEMIDE NEEDS ASSESS OR SPEC STUDIES CONDUCTED	35	35	40	40	40	40	40	40
7 # OF HOURS DEVOTED TO STAFF TRAINING AND DEVELOP. 8 # HOURS DEVOTED TO TRAINING OUTSIDE PROVIDERS	200 100							

PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):

LICENSES, PERMITS AND FEES
REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL

ALL OTHER

CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS

TOTAL PROGRAM REVENUES

HTH 495: BEHAVIORAL HEALTH ADMINISTRATION

A. Statement of Program Objective

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of Adult Mental Health inpatient and outpatient services.

B. <u>Description of Request and Compliance with Section 37-68(A)(B)</u>

N/A

C. <u>Description of Activities Performed</u>

Major activities carried out in this program focus on the formulation and implementation of policies; planning; identification of needs; programming, allocation and distribution of resources; overall management of programs and facilities; administration of the approved expenditure plan, budgeting, standards, quality assurance, monitoring, information systems, training, and staff development in job-related skills; and the provision of consultation, technical assistance and logistical support on a statewide basis.

D. Statement of Key Policies Pursued

- 1. The expansion and enhancement of non-institutional alternatives to institutional care considering both treatment and domiciliary needs of consumers.
- Maintenance of input from residents, consumers, and other public and private human services providers with an emphasis on the community as the primary locus of treatment to improve efforts in meeting community needs and the service delivery system.
- 3. Facilitation of contractual agreements with other public and private sectors to maximize the utilization of existing resources.
- 4. Expansion of third party revenues including implementation of the Medicaid Rehabilitation Option (MRO) to support community services.

- Reduce the criminalization of persons with severe and persistent mental illness (SPMI) by supporting mental health courts and by providing jail diversion programs statewide.
- 6. National accreditation of outpatient and inpatient services for adults with SPMI. Accreditation serves to raise the levels of efficiency and effectiveness in the management and operations of programs and facilities, services, care, staff performance, and the service delivery system towards improving the accessibility, availability, and acceptability of services and facilities to residents.
- 7. Continued implementation and refinement of a computerized information system that is used to authorize services and process claims for payment.

E. <u>Identification of Important Program Relationships</u>

- State Agencies: (a) Department of Human Services relative to Medicaid and QUEST coverage of psychiatric services, social services entitlement, financial assistance, and vocational rehabilitation services (b) Department of Public Safety relative to the care of adults with SPMI while they are being adjudicated (c) University of Hawaii relative to the provision of direct services, joint training of mental health professionals and paraprofessionals, and research in the area of mental health.
- National accreditation organizations relative to the accreditation of outpatient and inpatient services.
- 3. General Hospitals licensed as psychiatric facilities concerned with licensure and monitoring of standards.

F. Description of Major External Trends Affecting the Program

1. The U.S. Department of Justice (DOJ) Settlement Agreement and various

Stipulation and Orders including the Hawaii State Hospital Remedial Plan for Compliance and the Plan for Community Mental Health Services (Community Plan).

- 2. Fiscal constraints at both the Federal and State levels.
- 3. The cost effectiveness of programs and services.
- 4. The availability of technical, professional and paraprofessional manpower.
- 5. The shift towards managed care will continue to affect the provision of mental health services.
- 6. The Federal government's ongoing influence in shaping the direction, priorities, and policy of public programs including the President's New Freedom Commission and Community Mental Health Services Block Grant requirements.
- Natural disasters and severe economic and social conditions create emotional stress on families and individuals resulting in an increased demand for mental health services.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

AMHD will also have significantly increased responsibilities during the coming biennium because of the expansion of community-based services provided by contracted providers.

H. <u>Discussion of Program Revenue</u>

Revenues will continue to be collected primarily from Medicaid, Medicare, QUEST, and other private third-party health insurance carriers. The implementation of the MRO is also projected to increase the amount of revenue being collected.

I. Summary of Analysis Performed

The State and the DOJ have submitted to the U.S. District Court a proposed extension to the Community Plan. The Community Plan includes hospital-based and community-based services to meet the clinical and social needs of individuals who have been or currently are patients of Hawaii State Hospital (HSH); individuals who have been or will be discharged, transferred, or diverted from HSH; and individuals who are at risk of hospitalization at HSH. The approved Community Plan will be the basis for any major program changes.

J. Further Considerations

There is a need to maintain consumers in the community by expanding and enhancing community-based behavioral health services. The cost of appropriate residential and other community-based services is considerably less than the cost of hospitalization.

REPORT P61-A

PROGRAM ID:

HTH501

PROGRAM STRUCTURE NO. 050104

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES

		IN DOLL	ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	246.00*	241.75*	233.75*	233.75*	233.7*	233.7*	233.7*	233.7*
PERSONAL SERVICES	10,112,928	9,125,002	10,504,067	10,506,242	10,506	10,506	10,506	10,506
OTHER CURRENT EXPENSES	30,308,220	32,535,258	40,095,959	41,171,294	41,172	41,172	41,172	41,172
TOTAL OPERATING COST	40,421,148	41,660,260	50,600,026	51,677,536	51,678	51,678	51,678	51,678
			=======================================		****		=======	*****
BY MEANS OF FINANCING				•				
	243.00*	238.75*	230.75*	230.75*	230.7*	230.7*	230.7*	230.7*
GENERAL FUND	38,496,148	40,455,340	49.391.364	50,668,874	50,669	50,669	50,669	50,669
	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*
SPECIAL FUND	1,000,000	1,004,920	1,008,662	1,008,662	1,009	1,009	1,009	1,009
OTHER FED. FUNDS	925,000	200,000	200,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	2,007	2,007	2,007
TOTAL POSITIONS	246.00*	241.75*	233.75*	233.75*	233.70*	233.70*	233.70*	233.70*
TOTAL PROGRAM COST	40,421,148	41,660,260	50,600,026	51,677,536	51,678	51,678	51,678	51,678
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PROGRAM ID:

HTH-501

PROGRAM STRUCTURE NO: 050104

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % OF PEOPLE RECEIVING DEV DISABLED SERVICES	29	30	30	32	32	32	32	32
<pre>2 # PERSONS W/DD REMAING IN INSTIT (SMALL ICF/MR)</pre>	70	78	71	67	64	58	58	58 58
3 # ADULTS LIVING IN THEIR OWN HOME	106	109	111	117	117	117	117	117
4 # PERSONS W/DEV DISAB IN PAID EMPLOYMENT	141	145	160	168	176	185	185	185
5 % OF PERSONS WITH NEUROTRAUMA RECEIVING SUPPORTS	5	8	18	20	22	24	24	24
PROGRAM TARGET GROUPS								
1 # OF PERSONS IN NEED OF DD SERVICES	11181	11181	11181	11181	11181	11181	11181	11181
2 # OF PEOPLE IN NEED OF NEUROTRAUMA SERVICES	4000	4000	4000	4000	4000	4000	4000	4000
PROGRAM ACTIVITIES								
1 # PERSONS RECEIVING DD/MR COMMUNITY SUPPORTS	3124	3307	3399	3569	3747	3934	3934	2024
2 # PERSONS RECVG HCBS DD/MR WAIVERED SERVICES	1987	2137	2287	2437	2587	2737	2887	3934 3037
3 #WAITLISTED PERSONS ADMITTED TO HCBS-DD.MR WAIVER	250	150	150	150	150	150	150	150
4 # RESIDENTIAL CAREGIVERS CERTIFIED/RECERTIFIED	614	620	679	700	721	743	765	788
5 # FAMILY MEMBERS, CAREGIVERS, PROVIDERS & STAFF TRND	916	1148	1449	1148	1323	1283	1283	1283
6 # ADULTS LIVING IN THEIR OWN HOME	101	106	111	117	117	117	117	117
7 # PERSONS W/DEV DISABILITIES EARNING INCOME	145	152	160	168	176	185	185	185
8 # INFORMATION/REFERRAL & OUTREACH ACTIVITIES	3887	4319	4535	4762	5000	5250	5512	5788
9 #ADVRS EVNT REPTS RECVD RE AB/NEGL,INJUR,HTH CONC	165	245	325	405	485	565	645	725
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	200	200						
ALL OTHER CHARGES FOR CURRENT SERVICES	900	900	000	200	222			
FINES, FORFEITS AND PENALTIES	700	900	900	900	900	900	900	900
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	1,100	1,100	900	900	900	900	900	900
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):						. 20	,00
GENERAL FUND	300	300	300	300	200	200		
SPECIAL FUNDS	800	800	600	600	300 600	300 600	300 600	300 600
TOTAL PROGRAM REVENUES	4 40-					000	000	600
TOTAL PROGRAM REVENUES	1,100	1,100	900	900	900	900	900	900

HTH 501 DEVELOPMENTAL DISABILITIES

A. STATEMENT OF PROGRAM OBJECTIVE(S)

To support individuals with developmental disabilities and/or mental retardation and neurotrauma to live a healthy, meaningful, productive and safe life within our community through the development, administration, provision, and monitoring of a comprehensive system of appropriate supports based on principles of self-determination using a person-centered planning process.

B. DESCRIPTION OF REQUEST & COMPLIANCE WITH SECTION 37-68(1)(A)(B)

The budget request inclueds the following adjustments:

- Add two positions and funds to create a comprehensive statewide crisis network system to support individuals with MR/DD/MI (2.00/1,475,057 A; 2.00/ 1,475,047 A).
- Transfer out 10 positions and funds to other DOH programs from vacant positions at Hale Hauoli Maui and Hawaii (-10.00/-34,367 A; -10.00/-37,367A)
- 3. Add federal fund ceiling in FY 06 for the Traumatic Brain Injury grant (0.00/200,000 N; 0.00/0 N).

C. DESCRIPTION OF ACTIVITIES PERFORMED

The Developmental Disabilities Division is the Department of Health's program responsible to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with DD/MR within the limits of state or federal resources allocated or available for the purposes of this chapter. The program is also responsible for providing available supports and services based on a client-centered plan, which would result from client choices and decision-making that allowed and respected client self determination. Program activities include, but not limited to:

*Community services and supports, which include case management/targeted case management; Purchase of Services (POS) programs such as Person-Centered Adult Supports (PCAS), Partnerships in Community Living (PICL), and Community Residential Supports; family support; respite; and Waiver Home & Community Based Services (HCBS) for medicaid eligible persons, including adult day health services, environmental accessibility adaptations, habilitation, personal assistance, respite, skilled nursing, crisis services, specialized services, and supported employment.

*Transition planning for special education students.

*Training and Education to families, providers, and staff on various updates impacting disabilities services.

*Current planning efforts include: New waivered service to further expand allowable services via waiver renewal, outcome-based monitoring, service provision through designated area agencies, and implementation of a new billing interface to assure timely payment and improved cost controls and service utilization management. Implementation of the quality assurance/improvement as part of waiver renewal requirement.

D. STATEMENT OF KEY POLICIES PURSUED

Provision of community services and supports which are person-centered, promote self-determination and community inclusion, and assist persons with Disabilities in attaining their rights; continued assurances of health, safety, and crisis supports.

E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIP

Continued Program interaction with other DOH programs including Family Health Services Division (early intervention services, children with special health needs); Community Health Nursing Division; substance abuse, injury control, communicable disease, nutrition, and other programs which help minimize and prevent DD; Child & Adolescent Mental Health Division (Felix Consent Decree); Office of Health Care Assurance Branch (facility licenses); and State Health Planning and Development Agency (Certificate of Need for health care facilities). Program interacts with other State and private agencies, including: Department of Human Services Med-QUEST and Social Services Divisions (ICF/MRc and HCBS Waiver); Department of Education

and Department of Human Services/Vocational Rehabilitation and Services for the Blind Division (post-DOE services); Office of Public Guardian; Commission on Persons with Disabilities; State Planning Council on Developmental Disabilities; Executive Office of Aging; Office of Children and Youth; Budget & Finance; UH Center for Disability Studies; and service providers.

F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

The national trend continues away from large institutional services and toward community supports and services, with the recognition that many persons with disabilities at risk of being placed and left in facilities can be cared for in their own homes and communities with personal supports. Major themes are self-determination and person-centered planning. This continues to be the trend with most states moving toward closure or restricted admission to their state institutions, mainly due to the Olmstead decision. With the Medicaid Home & Community-based waivered programs well entrenched in most states, the federal government is now looking toward the quality of the services being provided, and emphasis is now being placed to assure States have an adequate monitoring system that is measuring the quality of its paid services and supports. To assure compliance of a quality framework is in place a new requirement for States renewing their HCBS application is that they are able to outline as part of the application packet the quality assurance/improvement systems they have in place. This emphasis on quality

assurance/improvement was brought about due to the GAO report on the waiver programs.

G. DISCUSSION OF COST, EFFECTIVENESS, AND PROGRAM SIZE AND DATA

The Developmental Disabilities Division currently provides services to approximately 3,200 disabled individuals, of which approximately 2000 in FY '05 are enrolled in the HCBS waivered services program. There are approximately 90 ICF/MRc beds available, recently additional beds have been added, prior to that the numbers were slowly being reduced. The Division continues to pursue reduction of ICF/MRc numbers, since the HCBS waivered services are more cost effective. Current projected annual per capita cost is still less than ICF/MRc beds. By expanding service menu to be paid under waiver disabled individuals are able to get necessary or wanted. Currently, is paid with state match funds which maximizes state resources. Developmental Disabilities Division case managers are also able to bill fo reimbursement to Medicaid under the targeted case management services offsetting soem payroll and operational cost. Presently, reimbursement is deposited into State Treasury.

H DISCUSSION OF PROGRAM REVENUE

Current Federal reimbursement funds for DOH DD/MR targeted case management services continue to be deposited directly into the State Treasury. Neurotrauma special funds are derived from fines imposed for identified vehicular violations and are used to provide educational and informational support on neurotrauma issues and supports.

I. SUMMARY OF ANALYSIS PERFORMED

Not Applicable

J. FURTHER CONSIDERATIONS

- Developmental Diabilities Division is in the final phases of settlling the Makin lawsuit, it has met the goal of admitting 700 individuals with disabilities into the HCBS program from the Division's waitlist, and has developed a plan for the continued admission of individuals at a "reasonable pace" into the HCBS waiver. The final area that is still being negotiated is in the area of eligibility and relooking at those individuals that had deferred who were part of the original 700 individuals on the waitlist at the start of the Makin Settlement.
- The Division continues to implement Act 160; planning and developing support services for persons with Neurotrauma.
- * This fiscal year due to SCR 106, which has requested both the DHS & DOH to explore a solution to get DD/MR HCBS providers paid in a timely manner. The solution that will be implemented is to have DOH-DDD become a "clearinghouse" using a DOH Billing Interface to process DD/MR HCBS provider claims. This process the Division hopes to resolve timely payment issue and better control of expenses and utilization information to improve DD/MR support services.
- * The formulation and implementation of a statewide crisis network that would meet needs of our DD/MR individuals who are experiencing behavorial issues. Network would basically includes accessibility to trained professional staff that would assist with behavioral training of provider agency staff, assistance with planning and implementation of the behavioral plan and temporary residential placement.

REPORT P61-A

PROGRAM ID:

HTH530

PROGRAM STRUCTURE NO. 05010501

PROGRAM TITLE:

CHILDREN WITH SPECIAL HEALTH NEEDS

		IN DOLL	ARS	-	IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST	165.00*	164.00*	164.75*	164.75*	164.8*	164.8*	164.8*	164.8*	
PERSONAL SERVICES	7,410,174	7,129,099	7,549,174	7,550,396	7,551	7,551	7,551	7,551	
OTHER CURRENT EXPENSES EQUIPMENT	8,390,320 50,000	7,885,258	7,890,258 3,500	7,890,258	7,890	7,890	7,890	7,890	
TOTAL OPERATING COST	15,850,494	15,014,357	15,442,932	15,440,654	15,441	15,441	15,441	15,441	
DV MEANS OF EXPLICATION				,			* = = = = = = = = = = = = = = = = = = =	2 2 2 2 2 2 2 2 2 2	
BY MEANS OF FINANCING				-					
GENERAL FUND	122.00*	121.00*	120.75*	120.75*	120.8*	120.8*	120.8*	120.8*	
GENERAL FUND	9,742,839	9,682,748	10,008,534	10,009,756	10,010	10,010	10,010	10,010	
SPECIAL FUND	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*	
SPECIAL FUND	1,273,228	1,109,282	1,125,171	1,125,171	1,125	1,125	1,125	1,125	
OTHER FED. FUNDS	40.00*	40.00*	41.00*	41.00*	41.0*	41.0*	41.0*	41.0*	
OTHER FED. FUNDS	4,834,427	4,222,327	4,309,227	4,305,727	4,306	4,306	4,306	4,306	
TOTAL POSITIONS	165.00*	164.00*	164.75*	164.75*	164.80*	164.80*	164.80*	164.80*	
TOTAL PROGRAM COST	15,850,494	15,014,357	15,442,932	15,440,654	15,441	15,441	15,441	15,441	
				=======================================	=======				

PROGRAM ID:

HTH-530

PROGRAM STRUCTURE NO: 05010501

PROGRAM TITLE:

CHILDREN WITH SPECIAL HEALTH NEEDS

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS		10 10 10 CO 10 10 10 10 10 10 10 10 10 10 10 10 10					and the site and the site and any part	
1 % CHDRN (CSHCN) AGE 0-21 WHO HAVE A MEDICAL H	92	92	92	92	92	92	92	92
2 % CSHCN AGR O-21 YEARS WHO HAVE HEALTH INSURANCE	92	92	92	92	92	92	92	92
3 %CHDN 0-15 ELIG SSI, PROV OUTRCH FOR UNMT HTH NDS	99	99	99	99	99	99	99	99
4 % NEWBORNS SCREENED FOR METAB, OTHER DISORDERS	99	99	99	99	99	99	99	99
5 % NEWBORNS SCREENED FOR HEARING LOSS	98	98	98	98	98	98	98	98
6 %INF W/PERM HEARG LOSS REFF TO EARLY INTRYNTH SVS	95	95	95	95	95	95	95	95
7 RATE OF BIRTH DEFECTS PER 10,000 LIVE BIRTHS	400	400	500	500	500	500	500	500
8 %CHDN DD/BIOL/ENV AT RISK IN EI, RECV EI IN IFSP	8	8	8	8	8	8	8	8
PROGRAM TARGET GROUPS								
1 # CSHCN AGE 0-21 W/PHY, DEVEL, BEHAV, EMOT CONDS	32000	32000	32000	32000	32000	32000	32000	32000
2 # CSHCN 0-15 W/FUNCTIONAL LIMITATIONS RCVNG SSI	1180	1180	1200	1200	1200	1200	1200	1200
3 # OF LIVE BIRTHS	16725	16725	17250	17250	17250	17250	17250	17250
4 # PERSONS IN STATE W/OR AT RISK FOR GENETIC DISORD	1200000	1200000	1200000	1200000	1200000	1200000	1200000	1200000
5 # CHDRN 0-3 W/DEVEL DELAY, BIOL/ENVIRON AT RISK	3975	3975	4000	4000	4000	4000	4000	4000
6 #CHDRN 3-5 SCRND FOR DEV, LEARN, & BEHAV CONCERNS	50000	50000	50000	50000	50000	50000	50000	50000
ROGRAM ACTIVITIES								
1 #I CSHCN 0-21 REC SVS OTHERWISE NOT ACCESS/AFFDBLE	1350	1350	1350	1350	1350	1350	1350	1350
2 #CSHCN 0-15 MED ELIG SSI & PROVIDED OUTREACH/SCRNG	450	450	450	450	450	450	450	450
3 # INFANTS IDENTIFIED W/METAB/OTHER DISORDERS	590	590	590	590	590	590	590	590
4 #INFANTS IDENTIFIED W/HEARNG LOSS THRU NEWBN SCRNG	76	. 76	76	76	76	76	76	76
5 # INF W/PERM HRG LOSS REFF FOR EARLY INTERVN SVS	72	72	72	72	72	72	72	72
6 # CHDRN 0-3 W/DEV DELAYS REC EARLY INTERVNTN SVS	1700	1700	2000	2000	2000	2000	2000	2000
7 #CHDRN 0-3 DEV DEL& 0-21 CHRON ILL REC RESPITE SVS	300	300	300	300	300	300	300	300
8 #CHDRN 0-1 DIAG M/MOD-SEVERE BIRTH DEFECT 9 # CHDRN 3-5 SCRNED FOR DEVEL/LEARN/BEHAV CONCERNS	740 1975	740 1975	740 1975	740	740 1975	740	740	740
ROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):	1779	1775	1775	1975	1975	1975	1975	1975
TAXES LICENSES, PERMITS AND FEES	248	230	230	230	230	230	230	230
REVENUES FROM THE USE OF MONEY AND PROPERTY	8	-6	6	6	6	6	6	6
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	5,007	3,765	3,238	3,238	3,238	3,238	3,238	3,238
CHARGES FOR CURRENT SERVICES	926	846	846	846	846	846	846	846
FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	6,189	4,847	4,320	4,320	4,320	4,320	4,320	4,320
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	6,189	4,847	4,320	4,320	4,320	4,320	4,320	4,320
TOTAL PROGRAM REVENUES	6,189	4,847	4,320	4,320	4,320	4,320	4,320	4,320

A. STATEMENT OF PROGRAM OBJECTIVES

To assure that all children with special health care needs will reach optimal health, growth, and development, by improving access to a coordinated system of family-centered health care services and improving outcomes, through systems development, assessment, assurance, education, collaborative partnerships, and family support.

B. DESCRIPTION OF REQUEST AND COMPLIANCE WITH SECTION 37-68 (1)(A)(B)

The Children with Special Health Needs Branch (CSHNB) requests a federal fund ceiling increase to provide psychological services and support to eligible infants, toddlers, their families, and service providers as required by the Felix Consent Decree and Part C of the Individuals with Disabilities Education Act (IDEA) (P.L. 105-17). The Clinical Psychologist VI position is needed to ensure that mandated early intervention services are provided to all eligible children as the number of children in need of psychological services exceeds the current authorized psychological staff resources (1.00/86,900 N; 1.00/83,400 N).

C. DESCRIPTION OF ACTIVITIES PERFORMED

- Newborn screening: a) newborn hearing screening assurance of a statewide system of hearing screening, diagnostic audiological services, and appropriate early intervention services for infants with hearing loss; b) newborn metabolic screening – assurance of a system of statewide newborn screening for 31 metabolic disorders with serious consequences such as mental retardation if not identified and treated early, and provision of appropriate diagnostic and treatment services.
- 2. For children age 0-3 years who are developmentally delayed, biological at risk, or environmentally at risk, and their families assurance of a statewide system of early intervention services. Services include care coordination, family counseling, social work, special instruction, psychology, audiology, physical and occupational therapy, speech pathology, nutrition, vision services, assistive technology, and transportation. Special projects include respite, inclusion, supportive parenting, Keiki Tech, and Keiki Care. EIS also assures that children age 3-5 who may be eligible for DOE special education preschool service receive interim care coordination and developmental and behavioral screening to support their application and transition into DOE.
- For preschool children provision of training to preschool staff in developmental/behavioral screening, and provision of consultation, interpretation, and follow-up for screened children with developmental/behavioral concerns.

- 4. For children with special health needs age 0-21 provision of care coordination, information and referral, social work, nutrition, specialty clinics, access to medical specialty services, and facilitation of the development of a family-centered community-based system of comprehensive health services.
- Birth defects surveillance collection and dissemination of birth defects data to help promote and protect the health of children by contributing to the identification of genetic, environmental hazards, and other causes or risk factors.
- Genetics statewide planning regarding genetic services, genetic education, development of policies and programs to meet the genetic needs of the community, and promotion of the prevention and intervention for genetic disorders.

D. STATEMENT OF KEY POLICIES PURSUED

- Promote private/public and family partnerships to assure the availability, accessibility, and affordability of health care services for children with special health needs.
- Facilitate the development of the system of family-centered, comprehensive, community-based, coordinated, culturally competent services for children with special health needs.
- Assure that children with special health needs are appropriately diagnosed and treated, and provide services where mandated or as a "safety net" when necessary. Statewide services are provided under HRS 321-52.
- Assure that infants and toddlers age 0-3 years who are developmentally delayed, biologically at risk, or environmentally at risk receive appropriate early identification and intervention services as specified under Part C of IDEA, HRS 321-352, and the Felix Consent Decree.
- Assure that all infants are satisfactorily screened for metabolic disorders as specified under HRS 321-291 and for hearing disorders as specified under HRS 321-362, and that infants identified with disorders receive appropriate intervention.
- Assure that the medical, education, and social habilitation needs of Supplemental Security Income (SSI) beneficiaries under age 16 years are met, as specified by Title V and Title XVI of the Social Security Act.
- 7. Establish the HBDP in the DOH, per Act 252 (2002 Legislature).

E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS

The Program works closely with other Branches in the Family Health Services Division, Community Health Nursing Division, Developmental Disabilities Division, Department of Human Services, Department of Education, University of Hawaii Center on Disabilities Studies, Shriners

Hospital for Children, Kapiolani Medical Center for Women and Children, University of Hawaii/School of Medicine/Department of Pediatrics, and American Academy of Pediatrics Hawaii Chapter, and Family Voices of Hawaii. Key relationships are with the U.S. Department of Health and Human Services and the Department of Education. Contractual agreements are in place with private providers throughout the state.

F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

Since programs receive both federal and state funds, national legislation and requirements have a direct effect upon local programs. The Title V Maternal and Child Health Block Grant and Part C of IDEA, for example, specify responsibilities regarding the development of a comprehensive community-based, family-centered system of services for all children with special health needs.

G. DISCUSSION OF COST, EFFECTIVENESS AND PROGRAM SIZE DATA

The cost-effectiveness of the program results from the provision of prevention and early intervention services which prevent or decrease the need for later long-term high-cost intervention services. The program continues to utilize purchase of service contracts to maximize community partnerships and limit administrative costs.

Program size - estimated number of children served in 2004:

Services for children with special health needs ages 0-21(CSH	NP)	1,250
Outreach/casefinding social work services for SSI children	•	430
Initial screening of newborns for metabolic/other disease	18,080	
Initial screening of newborns for hearing loss	17,880	
Infants with hearing loss receiving early intervention services		
by age 6 months	46	
Early intervention services for children ages 0-3 years with		
developmental delays	2,405	
Children ages 0-3 with developmental delays and ages 0-21		
chronically ill receiving respite services	284	

H. DISCUSSION OF PROGRAM REVENUES

Program funds are from: (1) Federal: Title V, Part C of IDEA, grants, cooperative agreements; (2) state funds; and (3) revenues from third party payers, such as medical insurance and state Medicaid program, whenever available. In addition, some private Purchase of Service agencies

also provide local funds to support their early intervention program.

- I. <u>SUMMARY OF ANALYSIS PERFORMED</u> Not applicable.
- J. <u>FURTHER CONSIDERATIONS</u> Not applicable

REPORT P61-A

PROGRAM ID:

HTH540

PROGRAM STRUCTURE NO. 05010502

PROGRAM TITLE:

WOMEN, INFANTS & CHILDREN SERVICES

		IN DOLL	ARS		IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST	116.50*	116.50*	115.50*	115.50*	115.5*	115.5*	115.5*	115.5*	
PERSONAL SERVICES	4,680,275	4,736,579	4,736,579	4,736,579	4,737	4.737	4,737	4,737	
OTHER CURRENT EXPENSES	28,997,110	24,923,806	24,923,806	24,923,806	24,924	24,924	24,924	24,924	
TOTAL OPERATING COST	33,677,385	29,660,385	29,660,385	29,660,385	29,661	29,661	29,661	29,661	
BY MEANS OF FINANCING									
	116.50*	116.50*	115.50*	115.50*	115.5*	115.5*	115.5*	115.5*	
OTHER FED. FUNDS	33,677,385	29,660,385	29,660,385	29,660,385	29,661	29,661	29,661	29,661	
TOTAL POSITIONS	116.50*	116.50*	115.50*	115.50*	115.50*	115.50*	115.50*	115.50*	
TOTAL PROGRAM COST	33,677,385	29,660,385	29.660.385	29.660.385	29,661	29,661	29,661	29,661	
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PROGRAM ID:

HTH-540

PROGRAM STRUCTURE NO: 05010502

PROGRAM TITLE:

WOMEN, INFANTS & CHILDREN SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS	***************************************							
1 % ELIG PREG WOMEN, INFANTS & CHILDREN SERVED 2 % OF IDEN OVERWEIGHT WOMEN & CHDN >=2 COUNSELD 3 % OF WIC HOMEN WHO INITIATE BREASTFEEDING	83 0 85	83 0 85	83 100 85	83 100 85	83 100 8 <i>5</i>	83 100 85	83 100 85	83 100 85
PROGRAM TARGET GROUPS								
1 # ELIG PREG, POST-PARTUM & BREASTFEEDG WOMEN 2 # ELIGIBLE INFANTS UP TO 12 MONTHS OF AGE 3 NUMBER OF ELIGIBLE CHILDREN UP TO AGE 5	9000 10000 22000	9000 10000 22000	9000 8000 27000	9000 8000 27000	9000 8000 27000	9000 8000 27000	9000 8000 27000	9000 8000 27000
PROGRAM ACTIVITIES								
1 # CHECKS FOR SUPPL FOODS ISSUED TO PARTICIPANTS 2 #NUTR ED/COUN SESS TO HIC HOMEN, CHDN >=2 O/H FTR 3 #PRENATAL BRSTFDG INFO CONTACTS PROV TO HIC HOMEN	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900	1080000 13700 4900
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER CHARGES FOR CURRENT SERVICES	24,176	29,660	29,660	29,660	29,660	29,660	29,660	29,660
FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	24,176	29,660	29,660	29,660	29,660	29,660	29,660	29,660
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	OF DOLLARS):							
SPECIAL FUNDS	24,176	29,660	29,660	29,660	29,660	29,660	29,660	29,660
TOTAL PROGRAM REVENUES	24,176	29,660	29,660	29,660	29,660	29,660	29,660	29,660

A. Statement of Program Objectives

To improve the nutritional health of eligible women, infants and children by providing quality nutrition education, high-risk counseling, breastfeeding promotion and education, health and social services referrals, and supplemental foods.

B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u>

None.

C. <u>Description of Activities Performed</u>

The WIC Program provides a combination of direct nutritional supplementation, nutrition education and counseling, and increased access to health care and social services providers for low-income pregnant, breastfeeding and postpartum women, infants and children up to the age of five years.

To receive WIC benefits, an individual must be categorically eligible: the person must be a women who is pregnant, breastfeeding up to one year postpartum or non-breastfeeding up to six months postpartum; an infant up to one year of age; or a child aged one up to five years. In addition, each applicant must be income eligible and at nutritional risk. Eligible applicants receive supplemental food in the form of checks, which allow them to obtain specific foods from participating retail stores. The foods are specifically chosen to provide high levels of protein, iron, calcium, and Vitamin A and C, nutrients scientifically shown to be lacking or needed in extra amounts in the diets of the WIC population.

The WIC Program prides itself on being a potential point of entry to health care for many of its clients. WIC also provides screening for health care problems and offers referrals to other health and social services including immunizations, Medicaid, prenatal care, smoking cessation, and substance abuse programs.

D. Statement of Key Policies Pursued

The improvement of the quality of life and the promotion of health through good nutrition for the people of Hawai'i is one of the key public health strategies.

Studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births, have fewer low and very low birth weight babies, experience fewer fetal and neonatal deaths and seek prenatal care earlier in pregnancy. WIC helps to assure normal childhood growth, reduces early childhood anemia, increases immunization rates, and improves access to pediatric health care. WIC promotes and supports breastfeeding as the healthiest and best source of nutrients for infants.

Hawai'i WIC participates in Western States Contracting Alliance (WSCA) to benefit from cost containment in procurement of infant formula and breast pumps in order to fund cost of providing food benefits to additional WIC clients in Hawai'i.

E. Identification of Important Program Relationships

WIC links women, infants and children to health care and social services through on-site services and referrals. Linkages have been established with numerous State programs within the Department of Health (Public Health Nursing, Dental Health Division, Maternal and Child Health Branch, Immunization Program, Community Health Division, Office of Family Planning); the Department of Human Services (TANF, QUEST, Food Stamps); and Department of Education (School Lunch, GRAD Program).

WIC also coordinates services with numerous community agencies serving the WIC eligible population. Among these are the Hawai'i Immunization Coalition, Healthy Mothers Healthy Babies, Parents and Children Together, Good Beginnings Alliance, and many others.

F. Description of Major External Trends Affecting the Program

The declining economy in Hawai'i has increased the number of potentially eligible WIC applicants. At the same time, the WIC Program has experienced a "freezing" of funding levels. The WIC Program continues to explore methods of serving the increasing number of working parents.

G. Discussion of Cost, Effectiveness, and Program Size Data

The WIC Services Branch oversees both State local agencies and Purchase of Service contracts that provide direct client services statewide. Services include certifying eligible clients, issuing food instruments, providing nutrition and breastfeeding education and making referrals. The WIC Services Branch has arrangements with approximately 133 vendors to provide services to clients. Vendor management includes training and monitoring vendor staff to assure program integrity.

H. <u>Discussion of Program Revenue</u>

None.

I. Summary of Analysis Performed

None.

J. Further Considerations

None.

PROGRAM ID:

HTH550

PROGRAM STRUCTURE NO. 05010503

PROGRAM TITLE:

MATERNAL AND CHILD HEALTH SERVICES

		IN DOLL	ARS						
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST	35.00*	35.00*	41.50*	41.50*	41.5*	41.5*	41.5*	41.5*	
PERSONAL SERVICES	3,432,101	3,496,828	3,575,993	3,576,169	3,576	3,576	3,576	3,576	
OTHER CURRENT EXPENSES	22,647,257	20,816,699	20,916,699	20,916,699	20,917	20,917	20,917	20,917	
TOTAL OPERATING COST	26,079,358	24,313,527	24,492,692	24,492,868	24,493	24,493	24,493	24,493	
		*****	W T. U E G S S S S S S S S S				======	22223222	
BY MEANS OF FINANCING				1					
	18.00*	18.00*	18.00*	18.00*¦	18.0*	18.0*	18.0*	18.0*	
GENERAL FUND	19,353,269	17,349,107	17,414,358	17,414,534	17,415	17,415	17,415	17,415	
	*	*	*	*	*	*	*	*	
SPECIAL FUND	300,000	300,000	400,000	400,000	400	400	400	400	
	16.00*	16.00*	22.50*	22.50*	22.5*	22.5*	22.5*	22.5*	
OTHER FED. FUNDS	5,676,089	5,914,420	5,920,144	5,920,144	5,920	5,920	5,920	5,920	
	1.00*	1.00*	1.00*	1.00*	1.0*	1.0*	1.0*	1.0*	
INTERDEPT. TRANSFER	750,000	750,000	758,190	758,190	758	758	758	758	
TOTAL POSITIONS	35.00*	35.00*	41.50*	41.50*	41.50*	41.50*	41.50*	41.50*	
TOTAL PROGRAM COST	26,079,358	24,313,527	24,492,692	24,492,868	24,493	24,493	24,493	24,493	
					========				

PROGRAM ID:

HTH-550

PROGRAM STRUCTURE NO: 05010503

PROGRAM TITLE:

MATERNAL AND CHILD HEALTH SERVICES

	·	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASU	RES OF EFFECTIVENESS								
	%NDIV 14-44 RECYG DOH-SUBSIDZD FAM PLNG CLIN SVS	18	18	18	18	18	18	18	18
	% POS WMN GIVG BIRTH & REC'D PRENTL CARE 1ST TRIM	43.7	43.7	43.7	43.7	43.7	43.7	43.7	43.7
	%PREG WOM REFF FOR SUBST AB ASSMT/TRTMT THRU POS	31.3	31.3	31.3	31.3	31.3	31.3	31.3	31.3
	% VERY LOW BIRTH WEIGHT INFANTS IN POS	1	1	1	1	1	1	1	1
	MUNINS INDIV REC SUBSID PRIM CARE HTH SVS THRU POS	25	25	25	25	25	25	25	25
	% PARENTS REC POS ERLY CHILDHD PARNT ED & SPPT SVS	75	75	75	75	75	75	75	75
	% INDIV REC SEX ASSLT & VIOLNCE PREV ED THRU POS %AT RISK FAM POS-SVD H/O CONFRM REPTS OF ABUS/NEGL	84 96	84 96	84 96	84 96	84 96	84 96	84 96	84 96
'ROGR	AM TARGET GROUPS								
1	# INDIV 14-44 NEEDG FAMILY PLANNING SERVICES	59210	59210	59210	59210	59210	59210	59210	59210
2	#PREG WOMEN SERVED IN POS CONTRACTS W/LIVE BIRTHS	16853	16853	16853	16853	16853	16853	16853	16853
3	# OF UNINSURED INDIVIDUALS	64440	64440	64440	64440	64440	64440	64440	64440
4	# CHILDREN AGED O TO 4 YEARS	100000	100000	100000	100000	100000	100000	100000	100000
	# SCHOOL-AGED CHILDREN, ADOLESCENTS # NON-MILITARY FAMILIES OF NEWBORNS	185000	185000	185000	185000	185000	185000	185000	185000
	AM ACTIVITIES								
1	#FP ED & MEDIA SESSNS CONDUCTED BY FP STAFF & POS	27000	27000	27000	27000	27000	27000	27000	27000
2	#PREG WOM RCVG PERINTL SPPT SVS 1ST TRIM THRU POS	1075	1075	1075	1075	1075	1075	1075	1075
3	#PREG WOM ID AT SA RISK RECVG SVCS THRU POS	648	648	648	648	648	648	648	648
4	#VERY LOW BRTH WGT INFTS RCV PERINTL SPPT THRU POS	16094	16094	16094	16094	16094	16094	16094	16094
	#PARTIC IN EARLY CHLDHD PARENT ED/SPPT SVS	54600	54600	54600	54600	54600	54600	54600	54600
	#INDIV RCVD PRIMARY CARE SUBSID SVS THRU POS								
7	#INDIV RECV FAMILY PLNG, VIOL, SEX ASSLT PREV EDUC	4500	4500	4500	4500	4500	4500	4500	4500
PROGR	MAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
	XES								
	CENSES, PERMITS AND FEES								
	EVENUES FROM THE USE OF MONEY AND PROPERTY	5 225							
KE	VENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	5,335	4,976	4,041	4,041	4,041	4,041	4,041	4,041
CL	HARGES FOR CURRENT SERVICES	258	200						
	NES, FORFEITS AND PENALTIES	220	200	200	200	200	200	200	200
	N-REVENUE RECEIPTS								
	TOTAL PROGRAM REVENUES	5,593	5,176	4,241	4,241	4,241	4,241	4,241	4,241
PROGF	RAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF	DOLLARS):							
SF	PECIAL FUNDS	5,593	5,176	4,241	4,241	4,241	4,241	4,241	4,241
	TOTAL PROGRAM REVENUES	5,593	5,176	4,241	4,241	4,241	4,241	4,241	4,241

A. Statement of Program Objectives

To assure the optimal health of individuals and families by providing quality prevention and intervention health services based on individual need.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- Decrease federal fund ceiling and delete temporary Childhood Lead Epidemiologist (#108713) (0.00/-\$45,180N; (0.00/-\$45,180N).
- 2. Increase Domestic Violence Prevention Special Fund ceiling (0.00/\$100,000B; 0.00/\$100,000B).
- Establish 1.00 temporary Accountant III for Title X (0.00/\$50,904N; 0.00/50,904N).

C. <u>Description of Activities Performed</u>

The Maternal and Child Health Branch (MCHB) administers the maternal and child health programs for the provision of primary health care, statewide disease prevention and health promotion, promulgating policy, developing standards and providing guidance to assure availability, adequacy, and quality of services. This includes: 1) plans, promotes, coordinates and monitors for the assurance of appropriate maternal and child health services; 2) develops and provides technical and analytical resources for monitoring the Branch's activities; 3) advocates for public policies and programs that assure the overall well-being and healthy growth and development of children within the context of healthy families; 4) assesses the needs for maternal and child health services; 5) develops relationships, prepares contracts and monitors services provided by private agencies to meet identified needs; 6) evaluates the performance of the Branch's activities designed to meet identified needs; 7) coordinates and conducts research on the impact of maternal and child health services on the target population and others; 8) explains program findings and evaluation procedures to program administrators, community advisory boards, State Health Planning and Development Agency and the general public.

D. Statement of Key Policies Pursued

Significant focus continues on health education, forging new partnerships with public and private sectors, and increasing programs' capacity to meet the public health functions of needs assessment, program planning, evaluation and policy development.

E. Identification of Important Program Relationships

Federal Initiatives which assist in the implementation of Branch program activities include Title V Block Grant, the Preventive Health and Health Services Block Grant (PHHSBG), Centers for Disease Control, the Administration for Children and Families, and the Maternal and Child Health Bureau. Programs within the Branch are implemented through purchase of service (POS) contracts. The Branch collaborates closely with organizations such as the Primary Care Association, Healthy Mothers-Healthy Babies, Hawaii Community Foundation, and the March of Dimes. The Branch has initiated the establishments of a Statewide Perinatal Consortium and a Big Island Perinatal Consortium. Further, the Branch is an active participant in the Child Protection Services Reform, Good Beginnings Alliance, Healthy Start Network, the National Healthy Start Coalition, Healthy Families America, The Substance Abuse Free Environment (SAFE) Council, Keiki Injury Prevention Coalition, Hawaii Immunization Coalition, Awareness Foundation (Prevent Violence Hawaii), the State Child Health Insurance Plan (SCHIP) and the statewide Child Death Review Council. The Branch is also a collaborator with the University of Hawaii, Department of Public Health Sciences and Epidemiology, in training and the provision of core public health functions.

F. <u>Description of Major External Trends Affecting the Program</u>

The Maternal and Child Health Branch responds to national and local priorities as defined by data and national mandates. An overarching concern is the racial and ethnic disparities faced by Native Hawaiians, Pacific Islanders, and the Filipino population in many arenas of health.

- 1. The implementation of primary care, family planning, perinatal and child health, and family/community support services through the MCHB continues to be affected by the ongoing economic recovery and limited federal and state revenues directed toward health care funding. Ever increasing need and ongoing budget limitations dictate that the Branch continues to have difficulty in meeting stated objectives and providing adequate care to the increasing numbers of the uninsured, under insured, homeless and vulnerable populations.
- 2. Key health risk indicators continue to be of concern:
 - The unintended pregnancy rate in Hawaii is 51%.

- Increase in the infant mortality rate from 7.0 per 1,000 births in 1999 to 7.3 per 1,000 in 2003. The five-year average infant mortality rate for Native Hawaiians during this period was 8.5 per 1,000 births.
- Women seeking 1st trimester prenatal care increased only slightly from 81% in 1998 to 82% in 2002.
- Uninsured rate has increased from 4% to 10% overall; 25% of the clients enrolled in the Community Health Centers are uninsured.
- 26,000 children are without health care insurance; 19,500 Medicaid eligible children are NOT ENROLLED in QUEST.
- Families identified at-risk for child abuse has increased by 10%.
- 27% of middle school children contemplated suicide in 2001.
- 3. Efforts by the Department to address class action suits and newly emergent priorities (such as homeland security) continue to limit funds designated for prevention activities. However, Federal programs continue to require MCH to increase and maintain efforts for a range of childhood concerns such as injury prevention, asthma control, child abuse prevention, dental health, and adolescent health areas of teen pregnancy, substance use and suicide. Sexual assault, a growing issue for the adolescent population, cuts across all ages. Health as it impacts early learning and the system of care is growing in importance for MCH programs.
- 4. Women's health has gained focus as a national movement and is beginning to impact funding streams and program issues such as substance abuse and violence against women, especially during the prenatal period. The lifespan issues affecting women and the disparities between the genders are also gaining prominence. Positive interventions and best practices are still in development with limited resources to address issues. The interaction of violence in the family as well as the population as a whole has risen to epidemic proportions and cuts across all sections/programs. Male involvement must integrate with women's health to support positive outcomes. Collaboration, partnerships and resource blending and capacity building are even more critical for successful outcomes.
- G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>
 The MCHB tracks 55 process and outcome measures annually. MCH data sources include: data systems specific to program areas such as perinatal, family planning, and child health; the Pregnancy Risk Assessment and Monitoring System (PRAMS); the Perinatal Consortium's Data Committee is looking at data quality and data linkages; partnerships in conjunction with the Behavioral Risk Factor Surveillance

System (BRFSS), Middle and High School Youth Risk Behavior Survey, Vital Statistics and Kids Count Data; contracts with private agencies to conduct program evaluation; technical assistance and monitoring by MCH staff during program site visits. Other surveillance data sources include the Child Death Review (CDR) system with the Department of Health (DOH) Office of Health Status Monitoring (OHSM) and the Lead Surveillance Program.

The Performance Measures are all in keeping with the mission of the Department of Health and the Maternal and Child Health Block Grant (Title V) especially as it relates to the core public health functions of assessment, policy development and assurance. Resources within the Branch are directed to those problems that raise the greatest risk to public health and the prevention of the most costly poor health outcomes. Services are targeted to the most vulnerable populations throughout the State, not covered by any other source of care.

The Healthy Start Program, as a component of the Part C IDEA Early Intervention System, provides universal screening, assessment, and home visiting services through purchase of service contracts. These providers collect extensive data for quality assurance and performance outcomes.

H. Discussion of Program Revenue

Collaboration with the Department of Human Services is on-going for Temporary Assistance for Needy Families (TANF) and the continued implementation of the early intervention carve-out and the Child Abuse and Prevention and Treatment Act (CAPTA) funds (as available) for the CDR system. Domestic Violence special funds are generated from fees collected on marriage and birth certificates.

I. Summary of Analysis Performed

Not applicable.

J. Further Considerations

Not applicable.

PROGRAM ID:

HTH570

PROGRAM STRUCTURE NO. 05010602

PROGRAM TITLE:

PUBLIC HEALTH NURSING

		IN DOLL	ARS		IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY200708	FY2008-09	FY2009-10	FY2010-11	
OPERATING COST	442.00*	444.00*	449.00*	451.00*	451.0*	451.0*	451.0*	451.0*	
PERSONAL SERVICES	13,683,365	13,688,151	14,919,815	14,949,798	14,950	14,950	14,950	14,950	
OTHER CURRENT EXPENSES	808,414	833,867	1,027,414	1,029,414	1,029	1,029	1,029	1,029	
EQUIPMENT		3,800		3,800	4	4	4	4	
TOTAL OPERATING COST	14,491,779	14,525,818	15,947,229	15,983,012	15,983	15,983	15,983	15,983	
BY MEANS OF FINANCING				1					
DI HEARD OF FIRMICING	442.00*	444.00*	449.00*	451.00*	451.0*	451.0*	451.0*	451.0*	
GENERAL FUND	14,401,059	14.435.098	15.856.509	15,892,292	15.892	15,892	15,892	15,892	
SPECIAL FUND	90,720	90,720	90,720	90,720	91	91	91	91	
TOTAL POSITIONS	442.00*	444.00*	449.00*	451.00*	451.00*	451.00*	451.00*	451.00*	
TOTAL PROGRAM COST	14,491,779	14,525,818	15,947,229	15,983,012	15,983	15,983	15,983	15,983	
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PROGRAM ID:

HTH-570

PROGRAM STRUCTURE NO: 05010602

PROGRAM TITLE:

PUBLIC HEALTH NURSING

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS					~			
1 %CHDRN 0-18 W/HTH INSURANCE MONITORED BY PH	80	80	80	80	80	80	80	80
2 %SP NDS CHDN 0-3 (PHN MONIT) W/IFSP W/IN 45 DAYS	85	85	85	85	85	85	85	85
3 IMUN LVL COMP OF CHDN AGE 2 AS % MONITORD BY PHN'S	75	75	75	75	75	75	75	
4 %FRAIL ELDRLY MONITD BY PHN & MAINTAIND IN COMMNTY	80	80	80	80	80	80	80	75
5 % STUDENTS IN PUBLIC SCHLS W/ COMPLETED IMMUNZTHS	98	98	98	98	98	98		80
6 %STDTS W/DIAB IN PUBLIC SCHLS W/EAP DEVELOPED	70		70	76	70	76	98	98
PROGRAM TARGET GROUPS								
1 MATERNITY CASES NEEDING PHN SERVICES, STATEMIDE	80	80	80	80	80	80	80	80
2 SPEC NEEDS INFANTS/CHDRN 0-3 NEEDG PHN SVS, STWD	1600	1600	1600	1600	1600	1600	1600	1600
3 NON-SN INF & CHRDN O-18 NEEDG PHN SVS, STATEMD	1500	1500	1500	1500	1500	1500	1500	1500
4 SN & DD CHDRN 4-20 NEEDING PHN SVS, STATEWIDE	2200	2200	2200	2200	2200	2200	2200	2200
5 ADULTS W/CHRONIC DISEASES NEEDING PHN SVS, STWD	525	525	525	525	525	525	525	525
6 CHLD & ELDLY ABUSE/NEGL CASES NEEDG PHN SV, STWD	600	600	600	600	600	600	600	600
7 DIAG/SUSP TB CASES, CONTCTS & SCRNG NEEDG PHN	2500	2500	2500	2500	2500	2500	2500	2500
8 HANS D/HIV/HEP/OTH CASES NEEDG PHN SVS, STATEWIDE	100	100	100	100	100	100	100	100
9 SPEC ND STDTS IN PUB SCH NEEDG SN SVS, STATEWIDE	150	150	150	150	150	150	150	150
10 STUDENTS ENTERING PUBLIC SCHOOLS, STATEWIDE	180000	180000	180000	180000	180000	180000	180000	180000
PROGRAM ACTIVITIES								
1 HI-RSK MATERN CASEFINDG/SUPERVSN/CARE COORD VISITS	150	150	150	150	150	150	150	150
2 INFANT & PRESCHOOL CHLDN SUP, MGT & IMMUN VISITS	20000	20000	20000	20000	20000	20000	20000	20000
3 SCHOOL AGE CHILDREN HEALTH INSTR SUP VISITS	7500	7500	7500	7500	7500	7500	7500	7500
4 ADULT & ELDERLY HTH ASSMT, REFRRL, FOLLOW UP VSTS	7000	7000	7000	7000	7000	7000	7000	7000
5 CHLD/ELD ABUSE/NEGL ID, SUPERVSN PREVENTN VISITS	4200	4200	4200	4200	4200	4200	4200	4200
6 TB SCREENG, INVESTON, TREATMT, FOLLOW UP VISITS	51000	51000	51000	51000	51000	51000	51000	51000
7 HANSEN'S, HIV, HEP & OTH CD INV, TRTMT & FLW-UP	825	825	825	825	825	825	825	825
8 CARE COORD OF SPEC NEEDS & DD CHILDREN VISITS	22000	22000	22000	22000	22000	22000	22000	22000
9 SN CARE VISITS TO SPEC NEED STDTS IN PUBLIC SCHLS	700	700	700	700	700	700		
10 PUBLIC SCHOOL STUDENT VISITS TO HEALTH ROOM	576000	576000	576000	576000	576000	576000	700 576000	700 576000
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL								
·								
ALL OTHER		_	_	_	_	_		
CHARGES FOR CURRENT SERVICES	11	5	5	5	5	5	5	5
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	11	. 5	5	5	5	5	- 5	5
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF	DOLLARS):							
SPECIAL FUNDS	11	5	5	5	5	5	5	5
TOTAL PROGRAM REVENUES	11	5	5	5	5	5	5	5

HTH 570 PUBLIC HEALTH NURSING

A. Statement of Program Objectives

To maximize and protect healthy lifestyles by improving health practices and access to health care through a system of comprehensive, family-centered public health nursing services to individuals, families, groups and communities.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

- Request to establish a Licensed Practical Nurse II position for support services to the medically fragile school children in the Waimea area on the Island of Hawaii. The LPN position will be assigned to the Hawaii District Health Office - Public Health Nursing Section, which provides skilled nursing services in the provision of specialized healthcare procedures to eligible students in the Department of Education (1.00/26,507A; 1.00/26,507A).
- Request to establish in FY 07 two (2.00) permanent School Health Aide positions and funding for salary and related equipment for Maui Lani Elementary School and Ocean Point Elementary School. The Department of Education, Facilities and Support Services Branch, has confirmed that these two new schools are being constructed on Maui and Oahu and will be opening in July 2006 (0.00/0A; 2.00/34,036A).
- 3. The request for additional funding to provide skilled nursing services for all eligible children with complex medical needs and/or medically fragile children in the public schools. To the extent possible, the Public Health Nursing Branch utilizes its own staff of Licensed Practical Nurses to provide these services. However, as this staff in not sufficient to provide care to all students requiring these services (0.00/192,747A; 0.00/192,747A).

C. <u>Description of Activities Performed</u>

The Public Health Nursing Branch (PHNB) works collaboratively with other Department of Health (DOH) programs and community-based programs to provide

culturally competent and relevant public health nursing services in the community. Requests for nursing services are accepted from a myriad of professionals and agencies. Services are provided to at-risk and vulnerable populations of all age groups in the home, clinic, neighborhood health centers, work site, school, group day care center, adult residential care home and other means as appropriate. PHN provide and assist individuals, families, care providers and communities with health information, skill development in preventing disease, health promotion, restorative health, health maintenance and/or minimizing the effects of illness and disability. Services include: 1) Response to communicable disease outbreak/biologic threats, and disasters/emergencies; 2) Disease investigation and follow-up, i.e., Tuberculosis, Hansen's Disease, others; 3) Implementation of federal and state mandates; 4) Provision of health services in the public schools, including the supervision of health aides; 5) Provision of specialized health care treatments in public schools to include work with the medically fragile; 6) Provision of care coordination/case management to special needs at-risk populations; 7). Development of coordinated service plans with individual/family, other agencies; 8) Coordination of assessment, planning, implementation efforts with departmental programs and communities to achieve health goals; 9) Provision of counseling and teaching health care concepts; 10) Working with communities to facilitate capacity building; 11) Participation in data collection and surveillance to assist and collaborate with researchers and others to build the information base for program evaluation and other program development efforts.

D. Statement of Key Policies Pursued

PHN services primarily address departmental policies and program priorities and community health needs. The focus is on "wellness," "attainment of optimum health," and "achievement of self sufficiency" with emphasis on preventive care to at-risk targeted populations. Activities of this program meet the intent of Part 1, Section 20, Objectives and Policies for Socio-Cultural Advancement of Health of the Hawaii State Plan. Items involved are: (a)(1), (b)(2), (b)(3), and (b)(4) page 33. Implementing activities are also consistent with the state Health Functional Plan.

E. Identification of Important Program Relationships

PHNB works with the Chronic Disease Management and Control Branch, Disease Outbreak Control Division, Communicable Disease Division, Family Health Services Division, Developmental Disabilities Division, Dental Health Division, Emergency Medical Services; Behavioral and Mental Health Programs, Department of Education, Department of Human Services, Executive Office On Aging, Hawaii Primary Care Association, Honolulu Community Action Program, Private and Parochial Schools, Adult Residential Care Facilities, University of Hawaii Schools of Nursing, Medicine, Hawaii Pacific University, University of Phoenix and Kapiolani Community College Schools of Nursing or nursing programs, Hospitals and Outpatient Departments, and other community-based social and health organizations.

F. Description of Major External Trends Affecting the Program

(1) Continued limitations in program funding and personnel will continue to force programs to do more with less; (2) Recruitment of nurses continues to be a challenge; (3) Increased efforts for surveillance and data analysis and fostering of community based participatory approaches for program planning, development and evaluation; (4) On-going partnerships with organizations/communities will continue as government and private organizations will need to rely on each other and their resources to meet the demands of various aggregate populations and constituencies; (5) Increasing rates of obesity among all groups but especially in disparate populations; (6) Physical inactivity, poor diet, and tobacco use continue to contribute to the increasing incidence and prevalence of chronic diseases, thereby resulting in increased case loads, stretched resources, higher health care costs and impaired quality of life; (7) Continued disproportionate impact of chronic disease mortality and morbidity on certain populations; (8) Given limited resources, services will continue to target populations at highest risk, such as those who are uninsured/underinsured, the frail elderly, and pregnant teens, special health needs children, and homeless individuals; (9) Increasing identification of students' health/medical conditions and those in need of educational accommodations (504/IDEA) will strain limited resources to administer medications and provide other health services; (10) Increasing numbers of medically fragile children in the community will require more services and will increase the need for additional health and licensed personnel in the schools; (11) Increasing numbers of immigrants and migrants with communicable disease and other health care needs are impacting on our limited resources; (12) Continuation of building capacity for disaster response and related homeland security/bioterrorism efforts put demands on existing staff and resources; (13) Training, skill and competency building are ongoing concerns with the rapid changes in technology as well as replacement of outdated and antiquated equipment to assure up-to-date and quality service.

G. Discussion of Cost, Effectiveness and Program Size Data

Service delivery cost to medically fragile students in the DOE will increase due to the increase in the numbers of students coupled with the shortage of skilled nursing resources in the community. These factors will impact and be felt by the existing PHNB staff. Overall, PHNB has met the demand to serve the medically fragile population, but at the expense of other public health activities.

Nursing services to high-risk populations require outreach and increased visits due to the various perceived barriers in accessing health care services. Services to specific populations of Pacific Islanders/Marshallese present many challenges and ongoing consistent outreach, which does tax PHNB resources.

Program planning over the next few years will be impacted by 1) Act 51, Reinventing Education Act for Children of Hawaii; 2) Increase of infants and toddlers (0-3 years) with medical needs and mandatory legal requirement to be in compliance with Individuals with Disabilities Education Act, Part C; 3) Increase of services to students with medically fragile conditions as well as those with complex medical needs in the DOE; 4) unpredictable public health emergency incidents that demand all of the resources within PHNB and simultaneous diminished activities in daily operations.

H. <u>Discussion of Program Revenues</u> - None

I. Summary of Analysis Performed - None

J. Further Consideration

Act 51, Reinventing Education Act for Children of Hawaii will impact on PHNB service delivery to allow for increased focus on public health issues and activities. Consideration should be given to a systems approach to agencies that serve at risk populations toward a more integrated approach rather program specific assistance to populations. Service delivery systems may need to be restructured based on qualitative data sources so as to strengthen access to health care for those who consistently do not access services.

REPORT P61-A

PROGRAM ID:

HTH595

PROGRAM STRUCTURE NO. 050107

PROGRAM TITLE:

HEALTH RESOURCES ADMINISTRATION

		IN DOLLARS					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11			
OPERATING COST	41.00*	36.00*	37.50*	37.50*	37.5*	37.5*	37.5*	37.5*			
PERSONAL SERVICES	3,300,811	3,136,471	3,573,005	3,573,204	3,573	3,573	3,573	3,573			
OTHER CURRENT EXPENSES	54,010,452	54,053,128	59,873,680	59,873,680	59,874	59,874	59,874	59,874			
EQUIPMENT	2,500	2,500	2,500	2,500	2	2	2	2			
TOTAL OPERATING COST	57,313,763	57,192,099	63,449,185	63,449,384	63,449	63,449	63,449	63,449			
				=======================================			******				
BY MEANS OF FINANCING				!							
	32.00*	27.00*	28.00*	28.00*	28.0*	28.0*	28.0*	28.0*			
GENERAL FUND	3,653,656	3,375,877	7,995,736	7,995,935	7,996	7,996	7,996	7,996			
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*			
SPECIAL FUND	52,842,603	52,998,860	54,586,076	54,586,076	54,586	54.586	54,586	54,586			
	7.00*	7.00*	7.50*	7.50*	7.5*	7.5*	7.5*	7.5*			
OTHER FED. FUNDS	817,504	817,362	867,373	867,373	867	867	867	867			
TOTAL POSITIONS	44.00	a c aa .									
	41.00*	36.00*	37.50*	37.50*	37.50*	37.50*	37.50*	37.50*			
TOTAL PROGRAM COST	57,313,763	57,192,099	63,449,185	63,449,384	63,449	63,449	63,449	63,449			
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REPORT P62

PROGRAM ID:

HTH-595

PROGRAM STRUCTURE NO: 050107

PROGRAM TITLE:

HEALTH RESOURCES ADMINISTRATION

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS					** ** ** ** ** ** ** **			
1 % MOE HRA PRGS SHOWING BENEFICIAL CHGS (PL VS ACT)	57	57						
PROGRAM TARGET GROUPS								
1 PERSONNEL IN HEALTH RESOURCES ADMINISTRATION 2 OTHER ADMIN LEVEL STAFF IN DOH	1298 179	1282 176	1282 176	1282 176	1282 176	1282 176	1282 176	1282 176
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	632 3,016 18,449	727 3,403 20,023	727 3,097 20,023	727 3,097 20,023	727 3,097 28,163	727 3,097	727 3,097	727 3,097
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	10	10	10	10	10	28,163 10	28,163 10	28,163 10
TOTAL PROGRAM REVENUES	22,107	24,163	23,857	23,857	31,997	31,997	31,997	31,997
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):		•					
SPECIAL FUNDS	22,107	24,163	23,857	23,857	31,997	31,997	31,997	31,997
TOTAL PROGRAM REVENUES	22,107	24,163	23,857	23,857	31,997	31,997	31,997	31,997

A. STATEMENT OF PROGRAM OBJECTIVES

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of communicable disease, developmental disabilities, family health, community health nursing and bilingual health services.

B. DESCRIPTION OF REQUEST AND COMPLIANCE WITH SECTION 37-68 (1) (A) (B)

Request funding for Purchase of Service (POS) to provide comprehensive medical and health care services on the island of Molokai (1,000,000A/1,000,000A).

Request funding for POS to provide comprehensive medical and health care services for the Koolauloa area on Oahu (1,000,000A/1,000,000A).

Request funding for POS to provide on-site comprehensive primary care services to the uninsured to include but not limited to perinatal and pediatric, adult primary cares services, behavioral health care and dental services (1,700,000A/1,700,000A).

Request funding for POS to provide primary health, behavioral health, dental and emergency care in the Hana District on Maui (750,000A/750,000A).

Request to increase the Early Intervention Special Fund ceiling due to a lump sum reimbursement of \$4.0 million and an anticipated monthly revenue of \$350,000 a month to support the ongoing services necessary to comply with the Felix decree. Also requesting for two temporary Data Processing System Analyst IV positions for on going systems upgrading (1,372,201B/1,372,201B).

Request to establish a temporary Registered Professional Nurse V, using the Early Intervention Special Fund to implement and evaluate the Public Health Nursing Branch's system of monitoring and accountability to assure that public health nursing services meet the requirements of Individual with Disabilities Education Act (IDEA) Part C Early Intervention Services (EIS) (86,440B/86,440B).

Request to establish one temporary Data Processing User Support Tech and two temporary Clerk IIIs using the Early Intervention Special Fund for the data collection and data verification to enhance the reimbursements for EIS care coordination services by Public Health Nursing Branch (97,102B/97,102B).

Transfer-in a Public Health Program Administrator position (#116917) and funds from HTH 101 for the Division Chief position for Communicable Disease Division (1.00/55,757A; 1.00/55,757A).

C. <u>DESCRIPTION OF ACTIVITIES PERFORMED</u>

- Developmental Disabilities Division: Develop, lead, administer, coordinate, monitor, evaluate and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation, with optimal clientcentered planning and self-determination in the least restrictive environment and maximized Medicaid revenues.
- Family Health Services Division: The mission of FHSD is to assure the availability of
 and access to preventive and protective health services for individuals and families by
 providing leadership in collaboration with communities and public-private partners.
 FHSD focuses on the health of women, infants, children, adolescents and their families,
 including fathers and children with special health needs.
- 3. Community Health Division: To improve and maintain the health of individuals and communities by promoting healthy lifestyle choices, advocating for systemic and environmental policy changes and assuring access to health care services through the provision of health promotion and education, public health nursing, school health, bilingual health services. To provide and use data to identify areas of need and promote the use of best practices to reduce the incidence and burden of chronic disease and to reduce health disparities among populations.
- Communicable Disease Division: Reduces morbidity and mortality from communicable
 diseases through its control, elimination and/or minimizing conditions conducive to the
 spread of disease; and prevent the introduction of disease into Hawaii from external
 sources.

D. STATEMENT OF KEY POLICIES PURSUED

Many federal and state statutory requirements, as well as internal policies, govern the programs in the Health Resources Administration (HRA). Policies are reviewed and amended to conform to ongoing needs.

E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS

Programs within HRA collaborate on an ongoing basis to ensure that departmental resources are maximized and duplication is eliminated. HRA programs are also in communication with other state, county and federal agencies. Public-private partnerships continue to increase with community agencies and interest groups.

F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

An ongoing element affecting HRS programs for the last decade has been the State's economy. The results of a weak economy, high unemployment and the lack of resources at every level can be seen in the increased incidence of domestic violence, the growing numbers of uninsured individuals and homeless families and the decreasing accessibility to health care services for rural residents and low income persons throughout the state.

Tobacco Settlement funds for prevention programs has been a positive factor in offsetting what might have been reductions in health insurance coverage for children as well as the universal screening for child abuse prevention.

G. DISCUSSION OF COST, EFFECTIVENESS AND PROGRAM SIZE DATA

The size and complexity of the Health Resources Administration makes it very difficult for each program I.D. to limit the measures of effectiveness, target groups and activity measures to 10 of each. This results in the Administration level limiting the overall measures to ones that have commonality among all the individual programs but are somewhat nebulous and do not give a sense of each division, much less the individual programs within those very large divisions

H. DISCUSSION OF PROGRAM REVENUES

The delays FHSD has experienced in meeting requirements for retroactive billing were resolved during FY 04 and millions of dollars in Medicaid reimbursement were transferred to the Early Intervention Special Fund, thereby necessitating that the special fund ceiling be reinstituted to its previous level of approximately \$4,610,141. The additional special funds will be used to pay for early intervention services and program data requirements, which are not included in the general fund budgets of the affected programs, children with special health needs, Healthy Start and Public Health Nursing.

The Family Health Services Division funds many of its key infrastructure positions with federal Maternal and Child Health block grant funds instead of state general funds, however, these funds have remained static and are actually not keeping up with staff pay raises as well as the escalating fringe benefit rates. It is anticipated that existing positions may be redescribed or eliminated to enable FHSD to stay within funding limits

I. SUMMARY OF ANALYSIS PERFORMED

None.

J. FURTHER CONSIDERATIONS

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH610

PROGRAM STRUCTURE NO. 050401

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

		IN DOLL	ARS	IN THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	155.00*	156.00*	156.00*	156.00*	156.0*	156.0*	156.0*	156.0*
PERSONAL SERVICES	6,543,373	6,898,626	7,146,109	7.147.497	7,147	7,147	7,147	7,147
OTHER CURRENT EXPENSES	1,165,948	984,198	1,146,698	7,147,497 1,146,698	1,147	1,147	1,147	1,147
EQUIPMENT	113,200	105,700	7,146,109 1,146,698 228,200	228,200	228	228	228	228
TOTAL OPERATING COST	7,822,521	7,988,524	8,521,007	8,522,395	8,522	8,522	8,522	8,522
						=======		****
BY MEANS OF FINANCING				1				
	139.00*	139.00*	139.00*	139.00*	139.0*	139.0*	139.0*	139.0*
GENERAL FUND	6,335,374	6,666,475	6,890,882	6,892,270	6,892	6,892	6,892	6,892
	7.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*
SPECIAL FUND	707,693	772,393	944,184	944,184	944	944	944	944
	7.00*	7.00*	7.00*	7.00*	7.0*	7.0*	7.0*	7.0
OTHER FED. FUNDS	704,480	474,682	594,682	594,682	595	595	595	595
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
INTERDEPT. TRANSFER	74,974	74,974	91,259	91,259	91	91	91	91
CAPITAL IMPROVEMENT COSTS								
DESIGN	17,000			İ				
CONSTRUCTION	629,000			į				
0011011011011	629,000							
TOTAL CAPITAL EXPENDITURES	646,000							
TOTAL GALLAGE EATERDITORES	=========			=======================================	=======	******		=======
5 .								
BY MEANS OF FINANCING				1				
G.O. BONDS	646,000							
TOTAL POSITIONS	155.00*	156.00*	156.00*	156.00*	156.00*	156.00*	156.00*	156.00
TOTAL PROGRAM COST		7,988,524	8,521,007	8,522,395	8,522	8,522	8,522	8,522
					U, JEE	U, JEE	•	

PROGRAM ID:

HTH-610

PROGRAM STRUCTURE NO: 050401

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08~09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS			***************************************					
1 % SCHOOLS IN COMPLIANCE WITH AHERA (N&R)	95	95	95	95	95	95	95	95
2 % OF MOSQUITO BREEDING SITES TREATED (VC)	0	60	60	60	60	60	60	60
3 %SML MAMMALS TRAPPED TESTED FOR VECT-BRN DIS (VC)	5	5	5	. 5	5	5	5	5
4 % SERVICE REQUESTS RESPONDED W/IN 2 DAYS (VC)	79	79	79	79	79	79	79	79
5 % OF FOOD PRODUCTS ANALYZED NOT ADULTERATED (F&D)	97	90	90	90	90	90	90	90
6 %FOOD SYC ESTABLISHMENTS THAT MEET STANDRDS (SAN)	98	98	98	98	98	98	98	98
7 % COMPLAINTS RESOLVED W/IN 14 DAYS OF RECPT (SAN)	77	77	77	77	77	77	77	77
8 % NOISE PERMITS IN COMPLIANCE (N&R)	99	99	99	99	. 99	99	99	99
9 % OF RADIATION FACILITIES IN COMPLIANCE (N&R)	54	50	50	50	50	50	50	50
10 %PERMITTED AC & VENTILTN SYS IN COMPLIANCE (N&R)	97	95	95	95	95	95	95	95
PROGRAM TARGET GROUPS								
1 #SCHOOLS REQUIRED TO MAINT ASBESTOS MGT PLAN (N&R)	429	435	435	435	435	435	435	435
2 # MOSQUITO BREEDING SITES LOCATED (VC)	10500	9000	9000	9000	9000	9000	9000	9000
3 # SMALL MAMMALS TRAPPED (VC)	2951	3000	3000	3000	3000	3000	3000	3000
4 # SERVICE REQUESTS INVESTIGATED (VC)	7804	4500	4500	4500	4500	4500	4500	4500
5 # OF FOOD PRODUCTS SAMPLED (F&D)	278	500	500	500	500	500	500	500
6 # OF FOOD ESTABLISHMENTS (SAN)	10103	10103	10103	10103	10103	10103	10103	10103
7 # OF COMPLAINTS RECEIVED (SAN)	2037	2037	2037	2037	2037	2037	2037	2037
8 # NOISE PERMITS ISSUED (N&R)	425	400	400	400	400	400	400	400
9 # OF RADIATION FACILITIES (N&R)	1111	1111	1111	1111	1111	1111	1111	1111
10 # OF AC & VENTILATION SYSTEMS PERMITS ISSUED (N&R)	698	800	800	800	800	800	800	800
PROGRAM ACTIVITIES								
1 # INSPECTIONS OF AHERA SOURCES (N&R)	95	95	95	95	95	95	95	95
2 # OF MOSQUITO BREEDING SITES INSPECTED (VC)	1030	1800	1800	1800	1800	1800	1800	1800
3 #SML MAM TRAPPG SURVEYS FOR TESTING PURP (VC)	4000	2000	2000	2000	2000	2000	2000	2000
4 #PREMISES INSPECTD DUE TO SVS REQUESTS RCVD (VC)	14217	7000	7000	7000	7000	7000	7000	7000
5 # FOOD PRODUCTS ANALYZED (F&D)	278	500	500	500	500	500	500	500
6 # FOOD SERVICE ESTABLISHMENTS INSPECTED (SAN)	10132	10132	10132	10132	10132	10132	10132	10132
7 # OF COMPLAINTS INVESTIGATED (SAN)	1500	1500	1500	1500	1500	1500	1500	1500
8 # NOISE PERMIT INSPECTIONS (N&R)	499	750	750	750	750	750	750	750
9 # INSPECTIONS OF RADIATION FACILITIES (N&R) 10 # OF AC & VENT SYSTEM PERMIT FACIL INSPECTED (N&R)	123	180	180	180	180	180	180	180
10 # OF AC & VENT SYSTEM PERMIT FACIL INSPECTED (N&R)	163	180	180	180	180	180	180	180
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES	437	426	426	426	426	426	426	426
REVENUES FROM THE USE OF MONEY AND PROPERTY	71	71	71	71	71	71	71	71
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	375	355	355	355	355	355	355	355
CHARGES FOR CURRENT SERVICES	214	160	160	174	160	1/0	1/2	
FINES, FORFEITS AND PENALTIES	14	12	12	12	12	160	160	160
NON-REVENUE RECEIPTS	504	77	77	77	77	12 77	12 77	12 77
TOTAL PROGRAM REVENUES	1,615	1,101	1,101	1,115	1,101	1,101	1,101	1,101

PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF DOLLARS):

REPORT P62

PROGRAM ID:

HTH-610

PROGRAM STRUCTURE NO: 050401

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
GENERAL FUND	10	10	10	10	10	10	10	10
ALL OTHER FUNDS	81	79	79	79	79	79	79	79
SPECIAL FUNDS	1,524	1,012	1,012	1,026	1,012	1,012	1,012	1,012
TOTAL PROGRAM REVENUES	1,615	1,101	1,101	1,115	1,101	1,101	1,101	1,101

A. Statement of Program Objectives

To protect the community from food borne illnesses, unsanitary or hazardous conditions, adulterated or misbranded products, and vector-borne diseases; and to control noise, radiation, and indoor air quality.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The budget includes the following additions:

The budget morades the felletting database.	FY 2006	FY 2007
Increase Environmental Health Education Fund Expenditure Ceiling	\$85,000B	\$85,000B
Increase in Appropriation Ceiling for Inter- Department Transfer Account This request is to increase the appropriate ceiling for funds received from the Department of Transportation for Cordon Sanitation functions in	\$10,679U	\$10,679U
Vector Control.		
the state of the s		1 4 0 0 0 0 0 1 1

Increase in Federal Expenditure Ceiling for the new \$120,000N \$120,000N Homeland Security Grant

Establish a Special Fund Ceiling for the Noise, \$80,000B
Radiation and Indoor Air Quality Special Fund

C. Description of Activities Performed

- Research and Standards: Conduct research in the areas of biological control methods for vectors, new methods for assuring the safety and sanitation of public health issues and new and improved methods and equipment for sampling and inspection activities, and develop and maintain program standards and rules reflecting the results of the research.
- Inspection: Perform inspections of food service, food establishments, radiation resources, chronic vector breeding sources, public and private dwellings, mortuaries, cemeteries, etc., to assure they do not degrade the public health or the environment of the community.

- 3. Measurement and Surveillance: Monitor the population trend of major vectors on a Statewide basis; perform surveillance of food, nonprescription drugs, therapeutic devices and cosmetics to assure that they are safe and/or effective and properly labeled; and collect and test samples of shellfish and other marine life for compliance with standards of purity and quality.
- Abatement: Control the breeding areas through the application of chemicals or biological predators and follow up on inspection and surveillance items that may pose a threat to public health or the environment.
- Review: Review plans for public buildings to assure conformance with sanitation and ventilation requirements.
- Public Participation: Provide programs and information to the public to increase their awareness of the control of litter and their understanding of the Environmental Health Services rules.
- 7. Emergency Response for Radiological Emergencies.

D. Statement of Key Policies Pursued

The program focuses on the highest risks to public health and prevention. It has been the practice to utilize a public information and educational approach to motivate the public and operators towards compliance with applicable standards and regulations. Within this context, technical consultations and advice are made and given to public and private agencies or individuals regarding the correction of existing or potentially hazardous conditions and practices. These approaches are coupled with surveillance and enforcement programs for the optimum use of available resources.

E. Identification of Important Program Relationships

1. Intradepartmental

The Laboratories Division of the Department of Health provides analyses of many of the samples collected by the programs. The Disease Outbreak Control Division is a partner in dealing with vector and food borne disease outbreaks.

2. Interagency

General guidelines are established by the U.S. Food and Drug Administration and the U.S. Public Health Service. From these guidelines the programs promulgate Administrative Rules. Close coordination is maintained with the Department of Agriculture in the areas of pesticides and the labeling of food, drug, and cosmetics. U. S. EPA provides grants and requirements related to lead and asbestos. Radiological regulation and disaster preparedness involve working with many state and federal agencies, including State Civil Defense.

F. <u>Description of Major External Trends Affecting the Program</u>

Attention to environmental and public health issues in both Congress and Federal agencies creates an ever-changing atmosphere for the program. Another major force affecting the program is the growing sophistication and awareness of the

general public in recent, high profile cases of emerging pathogens, food-borne illnesses and other diseases pathogens introduced to Hawaii from abroad which

results in a greater demand for the programs to maintain their capabilities for research and planning, vigilance and timely response when necessary. Terrorism has played a significant role in raising the level of focus for the environmental health programs; requiring the development of plans and capabilities to prevent and respond to acts of terrorism, including biological, chemical and radiological.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

Funding reductions and restrictions have resulted in a curtailment of certain services. The Program has prioritized all services and those with the greatest potential hazard to public health are given the highest priority.

H. Discussion of Program Revenue

Program revenues are generated from fees collected for registration, examination and licensing of embalmers, funeral establishments, tattoo artists, tattoo shops, Registered Sanitarians, permits for food establishments, temporary food establishments, and plan review; and from fines for violations of State Administrative Rules. The receipts from these activities are deposited into the Environmental Health Education Fund with any amount in excess of \$300,000 on June 30th of each year deposited into the State General Fund.

Operating funds are also received from the State Department of Transportation to finance rodent control services at the Honolulu Harbor Complex. Occasionally, federal funds are made available by the U.S. Food and Drug Administration and the U.S. Environmental Protection Agency for special studies. Homeland Security provided grants for radiation response equipment.

Act 311/SLH 1998 established the Noise, Radiation, and Indoor Air Quality Special Fund into which fees for permits and variances per Chapters 342F-14, 466J-4, and 466J-5 shall now be deposited effective July 1, 1998.

I. <u>Summary of Analysis Performed</u> Not applicable.

J. <u>Further Consideration</u> None

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REPORT P61-A

PROGRAM ID:

HTH710

PROGRAM STRUCTURE NO. 050402

PROGRAM TITLE:

STATE LABORATORY SERVICES

		IN DOLL	ARS	THOUSANDS				
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	86.00*	86.00*	86.00*	86.00*	86.0*	86.0*	86.0*	86.0*
PERSONAL SERVICES	3,462,805	3,462,805	3,743,045	3.744.050	3,744	3,744	3,744	3,744
OTHER CURRENT EXPENSES		1,685,373	1,685,373	1,685,373	1,685	1,685	1,685	1,685
TOTAL OPERATING COST	5,148,178	5,148,178	5,428,418	5,429,423	5,429	5,429	5,429	5,429
BY MEANS OF FINANCING				1				
OCUEDA ELMO	86.00*	86.00*	86.00*	86.00*¦	86.0*	86.0*	86.0*	86.0*
GENERAL FUND	5,148,178	5,148,178	5,428,418	5,429,423	5,429	5,429	5,429	5,429
CAPITAL IMPROVEMENT COSTS CONSTRUCTION	1,129,000							
TOTAL CAPITAL EXPENDITURES	1,129,000							
		******			******	=======		
BY MEANS OF FINANCING				1				
G.O. BONDS	1,129,000							
TOTAL POSITIONS	86.00*	86.00*	86.00*	86.00*	86.00*	86.00*	86.00*	86.00*
TOTAL PROGRAM COST	6,277,178	5,148,178	5,428,418	5,429,423	5,429	5,429	5,429	5,429
		===========						

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH-710

PROGRAM STRUCTURE NO: 050402

PROGRAM TITLE:

STATE LABORATORY SERVICES

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS	And and the day also may may may.							
1 % FALSE POSITIVE LAB TEST RESULTS	0	0	0	0	0	0	0	0
2 % FALSE NEGATIVE LAB TEST RESULTS	0	0	0	0	0	0	. 0	0
3 % REQUESTS FOR SERVICES MET 4 % PROFICIENCY TESTS PERFRMD MEETG PROFCNY STDS	99 100	99 100	9 9 100	99 100	99 100	99 100	99 100	99 100
PROGRAM TARGET GROUPS	200	100	100	100	100	100	100	100
	_	_	_	_	_			
1 OTHER DEPARTMENT OF HEALTH PROGRAMS	9	9	9	9	9	9	9	9
2 # LABS PERFORMS CLINICAL DIAG TESTING	749	749	764	764	764	764	764	764
3 OTHER GOVERNMENT AGENCIES	7	7	. 7	7	7	7	7	7
4 # LABS PERFORMS SUBSTANCE ABUSE TESTING	2	2	2	2	2	2	2	2
5 # CLIN LAB PERSONNEL APPLYING FOR LICENSURE	65	65	90	90	90	90	90	90
6 # LICENSED CLINICAL LAB PERSONNEL 7 # LABS PERFORMING ENVIRONMENTAL TESTING	1385 18	1385 18	1250 19	1250 19	1250 19	1250 19	1250	1250
PROGRAM ACTIVITIES	10	10	17 ,	17	17	17	19	19
1 DRINKING WATER (WORK TIME UNITS)	344500	344500	495000	495000	495000	495000	495000	495000
2 OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)	751932	751932	854000	854000	854000	854000	854000	854000
3 WATER POLLUTION (WORK TIME UNITS)	239528	239528	240000	240000	240000	240000	240000	240000
4 SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)	414950	414950	320000	320000	320000	320000	320000	320000
5 TUBERCULOSIS (WORK TIME UNITS)	204300	204300	152000	152000	152000	152000	152000	152000
6 FOOD AND DRUGS (WORK TIME UNITS)	222100	222100	325000	325000	325000	325000	325000	325000
7 AIR POLLUTION (WORK TIME UNITS)	779456	779456	779500	779500	779500	779500	779500	779500
8 # LABORATORY INSPECTIONS	15	15	15	15	15	15	15	15
9 # LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	103	103	108	108	108	108	108	108
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES	5	35		35		35		
REVENUES FROM THE USE OF MONEY AND PROPERTY				_				
REVENUE FROM OTHER AGENCIES: FEDERAL								
ALL OTHER								
CHARGES FOR CURRENT SERVICES		3	3	3	3	3	3	3
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	5	38	3	38	3	38	3	3
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS	OF DOLLARS):							
SPECIAL FUNDS	 5	39	3	38	3	38	•	•
GENERAL FUND	,	3,	3	30	3	30	3	3
TOTAL PROGRAM REVENUES	5	39	3	38	3	38	3	3

A. <u>Statement of Program Objective</u>

To enhance the effectiveness of other health programs by providing specialized laboratory services to health care facilities and departmental programs and to various official agencies.

B. <u>Description of Requests and Compliance With Section 37-68(1)(A)(B)</u>

There are no requests in the next biennium period.

C. <u>Description of Activities Performed</u>

- 1. Clinical Microbiological and Serological Analyses: Provide reference and diagnostic laboratory services to the Department of Health (DOH) sexually transmitted diseases (STD) and acquired immunodeficiency syndrome (AIDS) prevention, tuberculosis and epidemiology programs; and other clinical laboratories.
- 2. Environmental, chemical and microbiological analyses: Provide analytical services to the DOH Safe Drinking Water, Clean Water, Wastewater, Sanitation, Food and Drug and Clean Air Branches.
- 3. Provide microbiological analysis of food implicated in food borne disease outbreaks for the DOH Disease Outbreak Control Division.
- 4. Provide training for microbiologists, chemists and laboratory assistants. In collaboration with the National Laboratory Training Network of the Association of Public Health Laboratories, the Centers for Disease Control and Prevention and the Public Health Training Network assess and coordinate offering of laboratory training in bioterrorism, clinical and environmental analyses. The

installation of two satellite dish antennas on the roof of our laboratory has added the long distance training capability to our facility. In collaboration with the University of Hawaii and the Kapiolani Community College, provide laboratory training for students enrolled in the medical technology and medical laboratory technician programs. The Environmental Health Analytical Services Environmental Microbiology Section provides one-on-one training on drinking water and water pollution analyses to private and other government laboratories.

- 5. Provide consultative services to the Environmental Health programs in formulating amendments to Hawaii Administrative Rules relating to potable water and water quality standards.
- Certify laboratories that perform compliance work for the analyses
 of drinking water, shellfish and milk; and drinking water purveyors
 that perform compliance tests for residual chlorine and turbidity.
- License clinical laboratory personnel, substance abuse testing laboratories, medical review officers and personnel performing blood alcohol measurements and the presence of drugs for driving under the influence (DUI) activities.
- 8. Administer the statutory statewide program relating to chemical testing of blood alcohol concentrations and the presence of drugs for DUI cases.
- Adopt, amend and enforce regulatory provisions of Hawaii
 Administrative Rules relating to the licensing of clinical laboratory personnel; licensing of substance abuse laboratories and medical review officers; potable water testing laboratories; and DUI.

D. Statement of Key Policies Pursued

Within existing resources, the laboratory utilizes approved methodologies and corresponding stringent quality assurance practices to insure the accuracy and timeliness of the results of laboratory tests that are performed in support of the various DOH programs.

E. Identification of Important Program Relationships

In addition to DOH programs, the program maintains professional relationships with the federal Environmental Protection Agency, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Federal Bureau of Investigation, the U. S. Army and Navy, the Agency for Toxic Substances and Disease Registry, Association of Public Health Laboratories, all State public health laboratories, clinical and environmental laboratories located in Hawaii, the Water Resources and Research Committee, all county Police and Fire Departments and Prosecutor's Office and the state Departments of the Attorney General and Transportation.

F. Description of Major External Trends Affecting the Program

The continuing need to maintain a zero growth budget challenges the program's ability to continue to serve current and future program needs. Out-of-state trips for training have been severely curtailed, the purchase of replacement scientific equipment has been deferred and purchases of scientific supplies have been reduced.

This program is impacted by the federal Safe Drinking Water Act, the Clean Air Act, the Clean Water Act, the National Pollutant Discharge Elimination System Act and the Occupational Safety and

Health Act. The federal laws generally phase in new regulatory requirements which require additional program resources.

G. Discussion of Cost, Effectiveness, and Program Size Data

The State Laboratories Division relocated its entire operation in the summer of 1995 to the new laboratory facility in Pearl City. There are neighbor island laboratories located in Hilo, Hawaii; Wailuku, Maui; and Lihue, Kauai. In spite of recent reductions in funding, authorized personnel and budgeted equipment, the State Laboratory Services program is committed to meeting the environmental and clinical analytical needs of the DOH programs we support.

H. Discussion of Program Revenue

The SLD finalized its amendments to Hawaii Administrative Rules (HAR) Chapter 11-110, relating to the licensing of clinical laboratory personnel. The new rules became effective on October 19, 2002. The new rules provide for significant fee increases for application, new licenses and license renewals. The anticipated special fund fee revenues for FY 2005 are approximately \$24,000. The license renewal term has been changed from an annual to biennial basis.

I. Summary of Analysis Performed

Not applicable.

J. Further Considerations

None

PROGRAM ID:

HTH720

PROGRAM STRUCTURE NO. 050403

PROGRAM TITLE:

MED FACILITIES - STDS, INSPECTION, LICEN

		IN DOLL	ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	35.10*	40.10*	37.00*	37.00*	37.0*	37.0*	37.0*	37.0*
PERSONAL SERVICES OTHER CURRENT EXPENSES	1,912,566 644,621	2,121,037 1,000,621	2,190,018 1,000,621	2,190,085 1,000,621	2,190 1,001	2,190 1,001	2,190 1,001	2,190 1,001
TOTAL OPERATING COST	2,557,187	3,121,658	3,190,639	3,190,706	3,191	3,191	3,191	3,191
			****			~~~~		========
BY MEANS OF FINANCING				!				
	14.40*	19.40*	19,40*	19.40*	19.4*	19.4*	19.4*	19.4*
GENERAL FUND	997,193	1,205,664	1,274,645	1,274,712	1,275	1,275	1,275	1,275
SPECIAL FUND	•	356,000	356,000	356,000	356	356	356	356
	20.70*	20.70*	17.60*	17.60*	17.6*	17.6*	17.6*	17.6*
OTHER FED. FUNDS	1,559,994	1,559,994	1,559,994	1,559,994	1,560	1,560	1,560	1,560
TOTAL POSITIONS	35.10*	40.10*	37.00*	27.00	27.00.	27.00.		47.44
TOTAL PROGRAM COST	2,557,187	3,121,658		37.00*	37.00*	37.00*	37.00*	37.00*
	2,007,107	3,121,055	3,190,639	3,190,706	3,191	3,191	3,191	3,191
						***======	=======	

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH-720

PROGRAM STRUCTURE NO: 050403

PROGRAM TITLE:

MED FACILITIES - STDS, INSPECTION, LICEN

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % FAC MTG MINIMUM LICENSURE/CERTIFICATION REQUIRE	100	100	100	100	100	100	100	100
2 % UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE 3 % COMPLAINTS INVEST & CORR ACTION COMPLETED	100 100	100 100	100 100	100 100	100 100	100 100	100 100	100 100
PROGRAM TARGET GROUPS								
1 HOSPITALS	33	33	33	33	33	33	33	33
2 NURSING HOMES (SKILLED & INTERMEDIATE)	48	48	48	48	48	48	48	48
3 ADULT RESIDENTIAL CARE HOMES/EXPANDED	685	685	685	685	685	685 50	685 50	685 50
4 SPECIAL TREATMENT FAC/THERAPEUTIC LIVING PROGRAMS	50 21	50 21	50 21	50 21	50 21	21	21	21
5 INTERMEDIATE CARE FAC/MENTALLY RETARDED 6 CLINICAL LABORATORIES	816	816	816	816	816	816	816	816
7 END STAGE RENAL DIALYSIS UNITS	18	18	19	19	20	20	20	20
8 DEVELOPMENTAL DISABILITIES DOMICILIARY HOMES	45	45	45	45	45	45	45	45
9 HOME HEALTH AGENCIES	19	19	19	19	19	19	19	19
10 ASSISTED LIVING FACILITIES	8	8	8	8	8	8	8	8
PROGRAM ACTIVITIES								
1 HOSP LICENSING & COMPLIANCE VISITS	19	19	19	19	19	19	19	19
2 NURSING HOMES LICENSING & COMPLIANCE VISITS	94	94	94	94	94	94	94	94
3 ARCH/EXPANDED LICENSING & COMPLIANCE VISITS	3500	3500	3500	3500	3500	3500	3500	3500
4 SPEC TREAT FAC/THERA LVG PROG LIC & COMPL VISITS	210	210	210	210	210	210	210	210
5 ICF/MR LICENSING & COMPLIANCE VISITS	36 57	36 57	36 57	36 57	36 57	36 57	36 57	36 57
6 CLINICAL LABS LICENSING & COMPLIANCE VISITS 7 ASSTD LIVG FACILTIES LICENSING & COMPLIANCE VISITS	2	2	2	2	2	2	2	2
7 ASSTD LIVE FACILTIES LICENSINE & COMPLIANCE VISITS 8 DD DOMICILIARY HOMES LICENSINE & COMPLIANCE VISITS	200	200	200	200	200	200	200	200
9 HOME HEALTH AGENCIES LICENSING &COMPLIANCE VISITS	8	8	8	8	8	8	8	8
10 ENFORCEMT ACT. FOR UNLICENSED FACIL & SERVI	200	200	200	200	200	200	200	200
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY	4 434	4 474		4 .74	4 470	4 (70	4 /70	4 470
REVENUE FROM OTHER AGENCIES: FEDERAL	1,473	1,472	1,472	1,472	1,472	1,472	1,472	1,472
ALL OTHER								
CHARGES FOR CURRENT SERVICES	4	3	1	1	1	1	1	1
FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	•	•	•	-	•	•	•	•
TOTAL PROGRAM REVENUES	1,477	1,475	1,473	1,473	1,473	1,473	1,473	1,473
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	1,473	1,472	1,472	1,472	1,472	1,472	1,472	1,472
GENERAL FUND	4	3	1	1	1	1	1	1
TOTAL PROGRAM REVENUES	1,477	1,475	1,473	1,473	1,473	1,473	1,473	1,473

Statement of Program Objectives

To establish and enforce minimum standards to assure the health, welfare, and safety of people in health care facilities and services.

B. Description of Requests and Compliance with section 37-68(1)(A)(B)

No change.

Description of Activities Performed

This program: promulgates/amends/updates and implements mandatory State licensing rules for health care facilities and programs including community and residential care settings; conducts on-site inspections to determine compliance with state laws and regulations; is responsible for the implementation of the Centers for Medicare/Medicaid Services (CMS) contract to do the survey and certification activities based on Federal regulations for the purpose of determining compliance for participation in the Medicare (Title XVIII) and/or Medicaid (Title XIX) reimbursement program; issues sanctions for non-compliance activities as appropriate; and responds and investigates all complaints relative to any of the above.

Facilities which are required to comply are:

- State license only--adult residential care homes (ARCH)/expanded ARCH; special treatment facilities (STF); therapeutic living programs (TLP); developmental disabilities domiciliary Homes (DDDH); assisted living facilities (ALF); and adult day health centers (ADHC).
- State license and Federal certification--acute care hospitals; nursing homes (skilled nursing/intermediate care facilities (SNF/ICF)); intermediate care facilities for the mentally retarded (ICF/MR); clinical laboratories (CLIA); ambulatory surgical centers (ASC); and home health agencies (HHA)
- Federal certification only--end-stage renal disease facilities (ESRD); hospices; outpatient
 physical/speech pathology clinics (OPT/SP); comprehensive outpatient rehabilitation
 facilities (CORF); portable x-ray facilities; and rural health clinics (RHC).

The Department is required, through Act 272, SLH 1985, to maintain, distribute and have available an inventory of vacancy listings of ARCH facilities for placement purposes, which is available on the Department's website.

Statement of Key Policies Pursued

The major program policy to be continued is to establish, implement and enforce minimum standards to assure the health, welfare, quality of care and safety of people in these various care settings.

E. Identification of Important Program Relationships

Other programs which are related to this Program:

- Ongoing annual contract with CMS to implement the Federal survey and certification program for both Hawaii and the Pacific area (American Samoa, Guam, and Saipan) to enable providers to participate in the Medicare/Medicaid reimbursement program.
- Cooperative joint licensing function with the Department's Behavioral Health programs (ADAD, AMHD, and CAMHD) and the Developmental Disabilities Division.
- On-site inspections by Department's Sanitation Branch working cooperatively with this Office of Health Care Assurance (OHCA) staff.
- Fire safety inspections via contract with Life Safety Consultant for all licensed and federally certified providers.
- 5. Building inspections by all County Building Departments.
- District Health Offices maintain and make available ARCH vacancy listings and assist OHCA as necessary.
- Ongoing agreement with the State Department of Human Services (DHS) to do the Medicaid survey and certification program based on Federal requirements.
- Cooperative working relationship with private providers in the community and especially with the DHS home and community based Medicaid waivered programs.
- Cooperative working relationship with Department of Commerce and Consumer Affairs' Boards of Nursing and Nursing Home Administrators.
- 10. Continued cooperative working relationship with organized provider associations, such as the Health Care Association of Hawaii, the Hawaii Long Term Care Association, the Association of Residential Care Administrators, the United Group Home Organization, The Primary Care Providers of Hawaii, Assisted Living Options, Assisted Living Facilities Provider Group, etc.
- Cooperative working relationships with agencies that provide services/assistance to the elderly and the disabled such as, Executive Office of Aging, Adult Intake and Protective Services, Protection and Advocacy, Disability and Communication Access Board, Case Management Provider Group, etc.
- Collaborative relationships with agencies to ensure safety for residents residing in the licensed facilities such as Medicaid Investigation Division, Office of the Attorney General, Adult Intake and Protective Services, etc.

F. <u>Description of Major External Trends Affecting the Program</u>

- Continue to have discharges of frail elderly from various settings that are seeking residential care services due to financial constraints and lack of ability of family members to provide care in the home setting.
- 2. Due to the aging population, and the impending need for increased options for elderly housing and care giving facilities, requests are being made of the department to look at streamlining the application/licensure process of community based residential care facilities. With the passage of Act 166, SLH 2002 demands are being made to consider allowing nursing home level residents to remain in ARCHs, and to increase the numbers of nursing home level residents in the expanded ARCH. This continues to pose concerns regarding the ability of these types of setting to provide safe and appropriate care for the residents at this high acuity and care level. Pressure being placed by operators and attorneys to allow more and more nursing home level residents into care homes, thus creating mini-nursing homes with the qualified staffing or structural requirements to meet the increasing needs of these residents.
- 3. There continues to be a limited number of resources for the mentally retarded and the mentally ill within the community to effectively meet the myriad of needs affecting this special population. Due to increased community awareness, there is a reluctance by communities to have crisis residential shelters in their residential areas, due to concerns regarding the safety of their family members.
- 4. With increasing costs to private pay clients/patients, which represents more than fifty percent of our population, there continues to be a market for entrepreneurs in the community. An increasing number of complaints continue to be received due to the proliferation of "unlicensed" care-giving providers alleging poor quality of care and safety issues.
- 5. With heightened awareness and concern by the community-at-large regarding quality of care being provided in health care facilities, the department is deemed with the responsibility to review and amend all regulations to ensure that facilities meet the current and acceptable standards of care.
- With the passage of Act 202, SLH2003, the Department is required to conduct unannounced annual visits to all care homes to ensure the health, safety and welfare of all residents.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

CMS has continued to fund survey and certification activities in Hawaii and the Pacific. As Federal dollars are decreased, work requirements are decreased accordingly. The major focus nationally has continued to be the maintenance of the automated Minimum Data Set (MDS) for the nursing home program and the Outcome and Assessment Information Set (OASIS) for home

health agencies.

The State Licensing Section is being asked to develop creative ways to meet and maintain the important relationships described in Section E, as well as the external pressures described in Section F.

With the support of Administration, changes have been effected in the functioning of OHCA and making allowances to do community outreach and development activities in addition to the regulatory functions. Current staff continues to be asked to take on additional responsibilities to meet the demands of the community and care providers. The OHCA continues to make efforts to address issues such as promulgation of rules for charging fees for licensing activities, updating all administrative rules, meeting the licensing demands of the increasing numbers of facilities, and ongoing evaluation of program efficacy and efficiency in light of current resources and demands of the community as well as statutory requirements.

H. Discussion of Program Revenue

The Program is developing regulations for charging of licensing fees. When the regulations are developed, it is anticipated that the revenues collected will be used for the purposes of training of providers. The Department will be reviewing the need to change HRS 321-1.4 which currently stipulates that monies collected will be expended to assist in offsetting educational program expenses and enhancing the capacity of the Department to improve outreach efforts and consultation. Additionally, the department would like to utilize funds to offset program expenses such as travel for inspections, office supplies, and contract monies. In the long term it is anticipated that monies collected from fees, as well as fines imposed, may be able to provide support for staffing and/or needed resources for the Program.

I. Summary of Analysis Performed

Based on reviews conducted by the Federal Certification Section, there is determined a need to increase staffing to ensure that timely inspections and investigations can be conducted. The program has had much difficulty meeting the timelines set by the Federal Contract requirements and has thus not received additional Federal dollars. Timely investigations of complaints have also been very difficult.

J. Further Considerations

The OHCA recognizes the need for a unit for rules promulgation within the office and the Department. The time and effort needed to pursue this function continues to place additional burden on the existing staff, who are struggling to meet the demands to keep licensure of facilities current per HRS, and do investigations for the increasing numbers of complaints, in an effort to ensure the health and safety of those individuals residing in facilities under the purview of OHCA.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH730

PROGRAM STRUCTURE NO. 050103

PROGRAM TITLE:

EMERGENCY MEDICAL SVCS & INJURY PREV SYS

		IN DOLL.	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04		FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	16.00*	16.00*	17.00*	17.00*	17.0*	17.0*	17.0*	17.0*
PERSONAL SERVICES	1,122,408	1,204,952	1,241,735	1,241,875	1,242	1,242	1,242	1,242
OTHER CURRENT EXPENSES	38,044,937	40.187.418	49,426,173	46.796.173		46,796		46,796
EQUIPMENT	217,368	217,368	217,368	217,368	218	218	218	218
TOTAL OPERATING COST	39,384,713	41,609,738	50,885,276	48,255,416	48,256	48,256	48,256	48,256
					=====	*******		=======
BY MEANS OF FINANCING				1				
	13.00*	13.00*	14.00*	14.00*	14.0*	14.0*	14.0*	14.0*
GENERAL FUND	38,027,956	38,115,616	42,161,154	42,161,294	42,162	42,162	42,162	42,162
SPECIAL FUND			5,230,000	2,600,000	2,600	2,600	2,600	2,600
•	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*
OTHER FED. FUNDS	1,356,757	3,494,122	3,494,122	3,494,122	3,494	3,494	3,494	3,494
CAPITAL IMPROVEMENT COSTS								
DESIGN	52,000			}	•			
CONSTRUCTION	250,000			!				
TOTAL CAPITAL EXPENDITURES	302,000							
	**********				********	=======	***	
BY MEANS OF FINANCING								
				į				
G.O. BONDS	302,000							
TOTAL POSITIONS	16.00*	16.00*	17.00*	17.00*	17.00*	17.00*	17.00*	17.00*
TOTAL PROGRAM COST	39.686.713	41,609,738	50,885,276	48,255,416	48,256	48.256	48,256	48,256
	, ,	, ,			=======			=======

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH-730

PROGRAM STRUCTURE NO: 050103

PROGRAM TITLE:

EMERGENCY MEDICAL SVCS & INJURY PREV SYS

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS							***************************************	
1 AVERAGE URBAN RESPONSE TIME - OAHU (MINUTES)	10.5	8.9	8.9	8.9	8.9	8.9	8.9	8.9
2 AV SUBURB/RURAL RESPONSE TIME - OAHU (MINUTES)	12	10.5	10.5	10.5	10.5	10.5	10.5	10.5
3 AVERAGE RESPONSE TIME - KAUAI (MINUTES)	8.2	8.8	8.8	8.8	8.8	8.8	8.8	8.8
4 AVERAGE RESPONSE TIME - HAWAII (MINUTES)	9.5	9.8	9.8	9.8	9.8	9.8	9.8	9.8
5 AVERAGE RESPONSE TIME - MAUI (MINUTES)	11.4	10.5	10.5	10.5	10.5	10.5	10.5	10.5
6 % AMBULANCE SERVICE REVENUES COLLECTED	52.9	63.3	63.3	63.3	63.3	63.3	63.3	63.3
7 % INCR IN COMM COAL/PARTN INIT & SPPT INJ PREV	10	12	12	12	12	12	12	12
8 % INCR IN # PERSONS TRAINED IN INJ PREVENTION 9 % CHILD SAFETY SEAT USE (AGE 0-4) STATEWIDE	10	10	10	10	10	10	10	10
10 % OF SEAT BELT USE STATEWIDE	88 94	90 95	90 95	90 95	90 95	90 95	90 95	90 95
PROGRAM TARGET GROUPS	•							
1 GENERAL DE FACTO POPULATION (000'S)	1338	1338	1338	1338	1338	1338	1338	1338
2 # HIGH RISK CARDIAC CASES	5960	5511	5511	5511	5511	5511	5511	5511
3 # HIGH RISK TRAUMA CASES	7012	6200	6200	6200	6200	6200	6200	6200
4 # HIGH RISK PEDIATRIC PATIENTS	1185	1241	1241	1241	1241	1241	1241	1241
5 # CARDIOPULMONARY ARREST CASES	1246	1303	1303	1303	1303	1303	1303	1303
6 # LICENSED GROUND AMBULANCE SERVICE PROVIDERS	4	5	5	5	5	5	5	5
7 # LICENSED AIR AMBULANCE SERVICE PROVIDERS	3	3	3	3	3	3	3	3
8 # EMERGENCY AMBULANCE CALLS	74356	73544	73544	73544	73544	73544	73544	73544
9 # SURVEILLANCE SYSTEMS TRACKING & ANALYZING INJURY	8	9	9	9	9	9	9 .	9
10 # CHDRN <18 YRS TARGETED FOR INJ PREVENTION PROGS	296000	296000	296000	296000	296000	296000	296000	296000
PROGRAM ACTIVITIES								
1 ADM & ENFORCE STATE EMS RULES & REGS (STAFF-DAYS)	318	318	318	318	316	316	316	316
2 ADM & MAINT EMS COMM. SYSTEM (STAFF-DAYS)	110	110	110	110	110	110	110	110
3 ADM & MAINT EMS/INJ PREV DATA COLL/EVAL (ST-DY)	178	178	178	178	178	178	178	178
4 # PATIENTS BILLED FOR EMERG AMBUL SYS	64246	62500	62500	62500	62500	62500	62500	62500
5 ADM & MAINT COMMUN INJ PREV COALITIONS (ST-DYS)	782	804	804	804	804	804	804	804
6 ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS)	215	215	215	215	215	215	215	215
7 # COMMUN ED & RESEARCH PROJ ON EMS, INJ PREVENTN	14	15	15	15	15	15	15	15
8 ADM/MAINT EMERG STATE HTH PREP PLAN & EXER PARTIC	260	260	260	260	260	260	260	260
9 # INJURY PREVENTION ACTIVITIES INITIATED/SUPPORTED 10 # PARENTS/CAREGVRS RECVG CHILD PASSENGER SAFETY ED	147	160	160	160	160	160	160	160
	8514	8514	8514	8514	8514	8514	8514	8514
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	3,516	3,516	3,516	3,392	3,185	3,185	3,185	3,185
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES	10,442	10,442	10,442	10,442	10,442	10,442	10,442	10,442
NON-RÉVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	13,958	13,958	13,958	13,834	13,627	13,627	13,627	13,627
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS OF	DOLLARS):							

PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62 HTH-730 PROGRAM ID:

PROGRAM STRUCTURE NO: 050103

EMERGENCY MEDICAL SVCS & INJURY PREV SYS PROGRAM TITLE:

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
SPECIAL FUNDS GENERAL FUND	3,516 10,442	3,516 10,442	3,516 10,442	3,392 10,442	3,185 10,442	3,185 10,442	3,185 10,442	3,185 10,442
TOTAL PROGRAM REVENUES	13,958	13,958	13,958	13,834	13,627	13,627	13,627	13,627

A. Statement of Program Objectives

To minimize death, injury, and disability due to life threatening situations by assuring the availability of high quality emergency medical care through the development of a system capable of providing coordinated emergency medical care and injury prevention services.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- Funds for collective bargaining augmentation for emergency ambulance contracts. The funds requested are to meet additional requirements in negotiated agreements for the Hawaii County Fire Department, Maui and Kauai Paramedic Association represented by the ILWU Unit 11 and the City and County of Honolulu UPW 10. Both arbitration awards provide for collective bargaining increases to both FY 04 and FY 05. Maui and Kauai County contracted services are provided by American Medical Response (AMR) which follows pay increases given to their counterparts in the City and County of Honolulu who provide ambulance services (0.00/2,808,755A; 0.00/2,808,755A).
- In Section 16 of Act 45, SLH 2004 funds for poison information services were appropriated out of the emergency budget reserve fund for FY 2005. The program requests to continue poison information services for the public and healthcare professionals twenty-four hours per day seven days per week (0.00/200,000A; 0.00/200,000A).
- 3. Continuation of general funds to provide services in Act 2, SLH 2003. Act 2 of the 2003 Special Legislative Session appropriated general funds in section 6 and 7 for emergency aero medical helicopter services to include (1) helicopter aero medical, advanced life support unit which shall be on call twenty-four (24) hours per day, seven (7) days per week in accordance with the Protocols approved by the State Emergency Medical Services Medical Director. The helicopter shall be stationed in facilities located at the Kahului Airport. Integration of additional ground ambulance services with the emergency aero medical helicopter services include, at a minimum, one (1) MICT and one (1) EMT from the Kula ambulance crew, or a designated ground ambulance crew, will staff the helicopter for response and transport of serious and critically ill patients under the direction of the Maui Memorial Medical Center emergency department base station physician. This request is consistent with the State Plan and Functional Plan. The service is a core function and essential

- component in public health (emergency services/life threatening) and public safety (disaster preparedness and response). The service is a priority I function (revenue collection) generating revenue back to the State general fund (0.00/1,000,000A; 0.00/1,000,000A).
- 4. Act 158, S.B. 2690, S.D. 2, H.D. 2, C.D. 1 of the 2004 Legislative Session established an emergency medical services special fund through an additional \$5 state motor vehicle registration fee for the Department of Health to use in operating the State's comprehensive emergency medical services system. The act provides funds for additional ambulance services for parts or Oahu, Maui. and Hawaii. The Act further provides for development and training for paramedics to address the recruitment and retention of personnel that would impede the emergency medical services system. The Department of Health recognizes the need for additional emergency ambulance services in those communities that do not meet response time standards to time sensitive medical conditions. A study was conducted in 2001 that prioritized the areas that additional ambulance services were needed throughout Hawaii. The priorities were Metropolitan Honolulu, Waianae/Nanakuli, Kaawa/Kahaluu on the island of Oahu, Wailea on the island of Maui, and Ocean View Estates on the island of Hawaii. The ambulance study used methodology criteria to include response time standards and the number of high-risk trauma and cardiac conditions that require a timely response by medical personnel with the knowledge and skills to provide immediate treatment and transport to an appropriate medical facility. The \$5 vehicle registration fee is based upon 1,013,594 vehicles registered in 2002. The allocation of ambulance unit cost are based upon funding available and the time period that ambulance providers felt they would have resources available to include personnel, ambulance vehicles, equipment, supplies, and facilities to house the additional ambulance units. The program requests that a ceiling be added for the appropriated emergency medical services special fund to meet additional requirements in Sections 6, 7, 8, 10, 12, and 14 of Act 158, SLH 2004. This request is consistent with the State Plan and Functional Plan. The service is a core function and essential component in public health (emergency services/life threatening) and public safety (disaster preparedness and response) (0.00/5,230,000B; 0.00/2,600,000B).
- Establish one (1.00) permanent full-time State EMS Medical Director position via a trade-off/transfer of a permanent count from HTH 501/JD of an OT IV (#39461). A temporary Oahu EMS Medical Director position no. 101598,

allocated at .475 FTE will be converted to a permanent 1.0 FTE State EMS Medical Director position. In addition to #101598's present budgeted salary, other temporary EMS Medical Director positions will each be reduced .13 FTE in the trade-off to fund the full-time permanent Medical Director (1.00/0A; 1.00/0A).

 Establish one (1.00) temporary full-time Suicide Prevention Coordinator via a trade-off/transfer of a temporary FTE from HTH 495/HB of a MIS Trainer (#91284H)(0.00/0A; 0.00/0A).

C. Description of Activities Performed

Program activities include ambulance services, a medical communication system, quality improvement/assurance, data collection and analysis, billing and collection of fees for emergency ambulance services and other support services to maintain quality pre-hospital medical care throughout communities statewide. Also provides a comprehensive array of injury prevention programs that include, but are not limited to motor vehicle safety, pedestrian safety, playground safety, and suicide prevention through established coalitions and communities statewide.

Statement of Key Policies Pursued

The Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) services primarily address departmental policies and program priorities to serve the emergency health needs of the people of the State.

E. Identification of Important Program Relationships

The EMSIPSB coordinates with available public safety agencies, consumers, educators, and health care providers.

F. Description of Major External Trends Affecting the Program

There are 54 ambulance units on all islands statewide responding to approximately 89,000 calls a year with 52,000 persons requiring ambulance transport to an emergency department. Each person treated and transported is billed a fee for service. An Electronic Record System needs to be developed for real time quality

improvement reviews, as well as efficient billing and collection of ambulance fees. The current manual logging system does not provide for the type of accountability and monitoring to assure the State is maximizing revenue from ambulance services provided. The electronic record system will also address security of protected health information to comply with HIPPA federal requirements.

The statewide EMS communication system is a UHF/VHF microwave system that will be obsolete in the near future and the reliability of the system functioning to provide dispatch services and radio communication with physicians at hospital emergency departments for assistance in medical care at the scene and in transport to the hospital is of concern. The system needs to be upgraded to a 700 MHz digital trunk communication system. The existing County police 800 MHz trunk systems do not meet EMS operational needs. Exploring the availability of federal funds must be undertaken if state support is unavailable.

The issue of adequate air ambulance transport services to Honolulu has been a critical issue for the neighbor island hospitals. Air ambulance service is provided by a private company and is licensed by the Department. They are licensed for five (5) fixed wing aircraft. Hawaii County operates a single wing helicopter aero medical service but FAA regulation does not allow flight over water. The Maui helicopter began operations in September 2004 and can fly critical patients to Maui Memorial or to Honolulu Medical Centers. The Maui helicopter has addressed the needs of critical persons but does not address the non-emergent needs for patient transport. The Hawaii Health System Corporation brought together key stakeholders and have been meeting for several months to address the issue. The major issues are: 1) lack of physician specialty care on neighbor islands; 2) increased need to transfer patients for non-emergency medical care due to lack of services; 3) private air ambulance provider revenue base does not support the number of flights the medical facilities feel is necessary for timely transport of patients.

Hawaii and the nation are in the grips of a silent and growing epidemic highlighted by the Surgeon General in the 2001 publication "National Strategy for Suicide Prevention: Goals and Objectives for Action". Suicide, the leading cause of injury death in Hawaii, exacts an enormous toll from Hawaii's people. Hawaii loses an average of 128 lives to this tragedy each year, and another 1,152 are hospitalized after attempting to take their own lives. The devastating trauma, loss and suffering are multiplied in the lives of family members and friends. Only recently, however,

have the knowledge and tools become available to approach suicide as a preventable public health problem with realistic opportunities to save many lives.

Increasing attention has been directed at dealing with violence as a public health problem. What public health has done to foster prevention of other health problems, including other injury problems, can be applied to equal avail to the problem of violence. A public health approach to violence is one that identifies risks and protective factors, evaluates intervention programs, and intervenes at the levels that can be most effective in preventing violence before it starts or further violence. Yet, one of the essential tools in violence prevention is missing; a comprehensive, linked reporting system that can provide a clear picture of how, when, where, and, most importantly, why violence occurs. At the request of Congress, in 2001, the Centers for Disease Control and Prevention (CDC) initiated a project to create such a system, the National Violent Death Reporting System (NVDRS) to eventually include reporting from all 50 states. Data will also be used to support the research needed to develop effective interventions.

During the past decade, the state's population of people 65 or older increased by almost 20%, and greater increases are expected during the next 20 years. Injuries due to falls are a significant barrier to healthy aging and a major public health problem. Among Hawaii seniors, age 65 or older, falls are the leading cause of fatal injuries and injury-related hospitalizations. In 2002 alone, falls resulted in 51 deaths and nearly 2,700 hospitalizations among Hawaii seniors, with hospital charges averaging \$30 million a year, with more than three-quarters (76%) paid by Medicare or Medicaid. Falls are also a significant threat to the independence and quality of life of older adults. Among Hawaii seniors who were hospitalized due to a fall in 2002, 34% were discharged to nursing facilities for additional care, and another 8% to a rehabilitation facility.

G. Discussion of Cost, Effectiveness, and Program Size Data

Ambulance response time measures are always variable due to the number of responses within each geographic area, especially rural areas. The variances are within normal limits with services over-all exceeding response time standards due to increased call volume on the island of Oahu.

The actual number of high-risk trauma cases obtained from the most recent year's data available (FY 02) indicates an increase. The increase is likely due to the increase in driving population and motor vehicle accidents.

H. Discussion of Program Revenue

In FY 04 insurance providers denied claims due to late submissions. The program suffered significant delays in ambulance billing due to poor performance of a billing contractor in FY 03. The program encountered a three-month delay before a new billing contract was awarded. A change in billing contractors in June 2003 resulted in the transfer of approximately 7000 unprocessed claims to the new contractor within the June – July period.

ACT 158 passed in the 2004 Legislative Session authorizing a special fund with a \$5 user fee from motor vehicle registration will address the need for additional ambulance services in identified communities statewide.

Summary of Analysis Performed

The program established a funding schedule for implementation of ambulance units based upon Act 158 appropriation of \$2,205,000 for FY 05 and projected revenue from the \$5 user fee from motor vehicle registration.

J. Further Considerations

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH760

PROGRAM STRUCTURE NO. 050502

PROGRAM TITLE:

HEALTH STATUS MONITORING

	~~~	IN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	30.00*	29.00*	29.00*	29.00*	29.0*	29.0*	29.0*	29.0*
PERSONAL SERVICES	1,373,986	1,337,916	1,428,239	1,428,600	1,429	1,429	1.429	1,429
OTHER CURRENT EXPENSES		742.116	742,116	742.116	742	742	742	742
EQUIPMENT	15,500	15,500	15,500	742,116 15,500	15	15	15	15
TOTAL OPERATING COST	2,131,602	2,095,532	2,185,855	2,186,216	2,186	2,186	2,186	2,186
						24222222		<b>2</b> 2 5 5 5 2 2 2 2 3 3
BY MEANS OF FINANCING				1				
	28.00*	27.00*	27.00*	27.00*	27.0*	27.0*	27.0*	27.0*
GENERAL FUND	1,484,388	1,448,318	1,538,641	1,539,002	1,539	1,539	1,539	1,539
SPECIAL FUND	250,000	250,000	250,000	250,000	250	250	250	250
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
OTHER FED. FUNDS	397,214	397,214	397,214	397,214	397	397	397	397
CAPITAL IMPROVEMENT COSTS				; ;				
DESIGN	15,000							
CONSTRUCTION	214,000			ļ				
CONSTRUCTION	214,000			·				
TOTAL CAPITAL EXPENDITURES	229,000							
TOTAL CAFTIAL LAFENDITURES	=======================================		******			========	******	
BY MEANS OF FINANCING				1				
G.O. BONDS	229,000							
TOTAL POSITIONS	30.00*	29.00*	29.00*	29.00*	29.00*	29.00*	29.00*	29.00*
TOTAL PROGRAM COST	2,360,602	2,095,532	2,185,855	2,186,216	2,186	2,186	2,186	2,186
	=========	, -,-			=======		=======	

PERFORMANCE MEASURES AND PROGRAM REVENUES REPORT P62

PROGRAM ID:

HTH-760

PROGRAM STRUCTURE NO: 050502

PROGRAM TITLE:

HEALTH STATUS MONITORING

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08~09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % VITAL RECORDS ISS M/IN 10 DAYS OF REQUEST 2 % INTERVIEWS COMPLETED (SURVEY EFFICIENCY) 3 % OF TARGETED RESEARCH & STAT REPORTS DISSEM	87 50 80	85 50 80	85 50 80	85 50 80	85 50 80	85 50 80	85 50 80	85 50 80
PROGRAM TARGET GROUPS								
1 NUMBER OF DOH PROGRAMS 2 HAMAIIANS & OTHER ETHNIC GROUPS 3 VITAL EVENT REGISTRANTS 4 RESIDENT NON-INSTITUTIONALIZED POPLTN HOUSEHOLDS 5 ADULT POPULATION 18 AND OVER	87 1257608 86817 419441 959077	87 1270184 87000 423635 968668	87 1289237 90000 429990 983198	87 1308575 90000 436439 997946	87 1328204 90000 442986 1012915	87 1348127 90000 449631 1028109	87 1368349 90000 456375 1043531	87 1388874 90000 463221 1059183
PROGRAM ACTIVITIES								
1 # MAJ HEALTH STATS REQUSTS FULFILLD (OUTSIDE DOH) 2 # OF HOUSEHOLDS INTERVIEWED IN HEALTH SURVEY 3 # OF VITAL EVENTS REGISTERED 4 # OF VITAL RECORD CERTIFICATES ISSUED 5 # NEW DATA SETS/STAT ITEMS DISSEM ELECTRONICALLY  PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):	95 5091 59322 262942 6	95 6000 60000 275000 6	100 6000 60500 275000 6	100 6000 61000 275000 6	100 6000 61500 275000 6	100 6000 62000 275000 6	100 6000 62500 275000 6	100 6000 63000 275000 6
TAXES								
LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY	851	851	851	851	851	851	851	851
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	150	150	150	150	150	150	150	150
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	831	830	830	830	830	830	830	830
TOTAL PROGRAM REVENUES	1,832	1,831	1,831	1,831	1,831	1,831	1,831	1,831
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS (	OF DOLLARS):							
GENERAL FUND SPECIAL FUNDS	1,431 400	1,431 400	1,431 400	1,431 400	1,431 400	1,431 400	1,431 400	1,431 400
TOTAL PROGRAM REVENUES	1,831	1,831	1,831	1,831	1,831	1,831	1,831	1,831

## A. Statement of Program Objectives

To collect, analyze, and disseminate relevant population-based data in a timely fashion in order to assess the health status of Hawaii's multi-ethnic population and to fulfill health statistical/legal requirements.

# B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

No changes requested.

## C. Description of Activities Performed

- 1. Operate a statewide system of vital statistics including the registration and issuance of certified copies of birth, death, marriage, and divorce records.
- 2. Provide research and statistical assistance to departmental programs in monitoring and assessing the health status of the state's population.
- Provide consultative services to departmental programs in the collection of timely and reliable health status information for planning, policy making and program budgeting.
- Conduct a statewide health survey of households to collect chronic disease and health related information in relation to the demographic, geographic, and socio-economic characteristics of the population.
- 5. Disseminate health status monitoring information electronically via the Department's website.

## D. Statement of Key Policies Pursued

- 100 percent registration of all births, deaths, and marriages and issuance of certified copies upon request.
- Timely and reliable population-based health status monitoring information for public health assessment, policy development, and quality assurance.

## E. <u>Identification of Important Program Relationships</u>

The vital statistics program works closely with providers of birth and death information including hospitals and funeral homes and the medical examiners office. The survey and statistics program works closely with the Maternal Child Health, Immunization, Birth Defects and Preventive Block Grant Programs.

## F. <u>Description of Major External Trends Affecting the Program</u>

- A cooperative program with the CDC's National Center for Health Statistics requiring current flow data from all states to produce national indicators of health status.
- Demand by state and local agencies for small area (sub-island) information on health status of residents.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

 More detailed health survey statistical tabulations by county are possible by increasing sample size. Additional sources of public health data, such as health insurance payments information, have been explored to meet the need for more accurate and in-depth information to meet the ever growing demand for health status data.

- 2. Fully automating the vital records system will result in:
  - On-line entry, checking and correction of current vital statistics certificate data through computer terminals.
  - Vital records will be accessible via indexes and certified copies will be prepared via computer.

## I. <u>Discussion of Program Revenue</u>

- Fees from the issuance of certified copies of birth, death, and marriage certificates generated \$1,734,624 in FY 04.
- Approximately \$300,000 per year is received in contracts and grants from the federal government including the Social Security Administration and the National Center for Health Statistics, Centers for Disease Control and Prevention for the collection of vital statistics to compile national statistics.

#### J. Summary of Analysis Performed

The Hawaii population for the year 2003 was 1,257,608, increasing the demand for certified copies of vital events.

Although 30 percent of certified copies of current vital events are issued by computer, ten days is the overall average time for issuing copies when time spent in locating old records is included.

A vital statistics improvement special fund was established to support the continued development of an automated vital records system for the Office. It has been initially used for the conversion of paper records from 1908 into computer records. By the end of year 2004, about 80 percent of all birth, death, and marriage records have been converted. The next step is to convert

records prior to 1908 and to develop new software that will register and issue vital events via the Internet.

The Hawaii Health Survey sample size needs to be increased in order to obtain estimates for smaller geographic areas such as communities.

## K. Further Considerations

The next program objective is to utilize improved information technology to electronically register future vital events at the sources where they are created (e.g., hospitals, mortuaries, physician offices, marriage license and officiant offices) and eliminate the transfer of paper records from these providers to the Department of Health.

## OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH905** 

PROGRAM STRUCTURE NO. 050503

PROGRAM TITLE:

POLICY DEV & ADVOCACY FOR DEV DISABILITI

		IN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*
PERSONAL SERVICES	371,738	371,738	375.741	375,757	376	376	376	376
OTHER CURRENT EXPENSES	156,992	173,264	185,579	185,579	185	185	185	185
TOTAL OPERATING COST	528,730	545,002	561,320	561,336	561	561	561	561
	***********	# # # # # # # # # # # # # # # # # # #	***				=======	
BY MEANS OF FINANCING				!				
	1.50*	1.50*	1.50*	1.50*	1.5*	1.5*	1.5*	1.5*
GENERAL FUND	95,002	95.002	99.005	99,021	99	99	99	99
	6.50*	6.50*	6.50*	6.50*	6.5*	6.5*	6.5*	6.5*
OTHER FED. FUNDS	433,728	450,000	462,315	462,315	462	462	462	462
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*
TOTAL PROGRAM COST	528.730	545,002	561.320	561,336	561	561	561	561
	==========	749,002	JU1, J20		201	201	201	701 =======

REPORT P62

PROGRAM ID:

HTH-905

PROGRAM STRUCTURE NO: 050503

PROGRAM TITLE:

POLICY DEV & ADVOCACY FOR DEV DISABILITI

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS	720000							
1 % STRATEGIES COMPLETD IN HI STATE DD PLAN	75	75	100	25	40	50	75	100
PROGRAM TARGET GROUPS								
1 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES 2 FAMILIES OF INDIVIDUALS W/ DEV. DISABILITIES 3 PUBLIC & PRIVATE SERVICE PROVIDERS	22707 22707 30	22934 22934 30	22934 22934 50	22934 22934 50	22934 22934 50	22934 22934 50	24239 24239 50	24239 24239 50
PROGRAM ACTIVITIES								
1 # OF STUDIES/ANALYSES CONDUCTED 2 #TRNG SESS FOR DD INDIV/THEIR FAMILIES/SVC PRVDRS 3 # COALITIONS DEV FOR INDIV W/DD & THEIR FAMILIES 4 # SYSTEMS CHANGE ACTIVITIES INITIATED 5 # PROJ FUNDED TO SHOW NEW APPROCHS INTO COMMUNTY 6 # OF LEGISLATIVE MEASURES INITIATED 7 # ADMINISTRATIVE POLICIES INITIATED 8 # ACTIV INIT TO PROMOTE INTERAGENCY COLLAB/COORD 9 # SUPPORTING ACTIVITIES  PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):	4 42 2 2 2 2 2 2 2 52	4 42 2 2 2 2 2 2 2 52	4 0 2 2 2 2 2 2 2 0	4 0 2 2 2 2 2 2 2 0	4 0 2 2 2 2 2 2 2 2 0	4 0 2 2 2 2 2 2 2 2 0	4 0 2 2 2 2 2 2 2 2 0	4 0 2 2 2 2 2 2 2 2 0
TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	450	450	450	450	450	450	450	450
TOTAL PROGRAM REVENUES	450	450	450	450	450	450	450	450
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	450	450	450	450	450	450	450	450
TOTAL PROGRAM REVENUES	450	450	450	450	450	450	450	450

## A. Statement of Program Objectives

To assure that individuals with developmental disabilities (DD) and their families participate in the design of, and have access to, culturally competent services, supports, and other assistance and opportunities that promote independence, productivity, and integration and inclusion into the community.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u> Not applicable.

# C. <u>Description of Activities Performed</u>

The State Council on Developmental Disabilities is mandated by Chapter 333E, HRS (Developmental Disabilities), and P.L. 106-402 (Developmental Disabilities Assistance and Bill of Rights Act of 2000).

The Council conducts activities to promote systemic change through policy analysis, training, implementation of projects to demonstrate new approaches, providing training, education, and policy development, and through the activities of its committees (Community Supports; Employment and Education; Health and Early Childhood; and Public Awareness, Self-Determination and Training).

Activities included: 1) conducting analyses regarding individual budgets, guardianship, level of care, licensing of residential settings, and case management; 2) coordinating/conducting training sessions such as legislative advocacy, Partners in Policymaking Leadership Academy, Direct Support Worker's Conference, Day at the Capitol, transition of students from secondary education to adult services, individual service plan, person-centered planning, home and community-based services; 3) initiating systems changes activities focusing on Hawaii's Olmstead Plan, residential settings, and level of care; 4) funding projects to show new approaches in the community that addressed aging caregivers and person-centered planning; 5) initiating legislative measures to increase residential options and honor choice of residential settings; and to continue the Donated Dental Services program; 6) promoting interagency collaboration/coordination to better serve, support, assist, or

advocate for individuals with DD and their families through the implementation of a U.S. Administration on DD planning grant to design a one-stop center for individuals with DD and their families, and reconvening the Olmstead Task Force; and 7) supporting activities in the community to enhance independence, productivity, and integration and inclusion of individuals with DD.

## D. Statement of Key Policies Pursued

The Council's Five-Year State Plan (FY 2001-2006) for services sets the blueprint for what policies should be pursued and what services should be provided including the priorities for the distribution of public funds. The plan is developed based on an analysis of key Federal, State, County and private agencies policies and their impact on individuals with DD, as well as input from community stakeholders throughout the State.

Key policies pursued during the last fiscal year addressed the changes to the DD/MR Home and Community Based Services waiver; implementation of Act 133, SLH 1998 (self-determination law); individual budgeting; consumer-directed personal assistance; and provision of Medicaid services (dental and medical).

## E. <u>Identification of Important Program Relationships</u>

The Council has representation by many of the key players regarding planning and providing services for individuals with DD (individuals with DD and their families, Departments of Education & Health, Maternal Child Health Branch, Med-QUEST Division, Division of Vocational Rehabilitation, Hawaii Disability Rights Center, University Centers for Excellence, Executive Office on Aging, and private providers). The above entities are mandated by federal law to participate on the Council. Additionally, the Council works very closely with the Department of Health, DD Division and other State, County, and private organizations that impact on the lives of individuals with DD. Necessary systems change is accomplished through collaboration with the key agencies to provide them support in areas that address the mission and mandates of the Council, and to provide training, education, and advocacy in areas that differ from the direction set by the Council.

## F. Description of Major External Trends Affecting the Program

- Funding for the Council: The Council has been funded at less than the required Federal match under P.L. 106-402 to assure "there will be reasonable state financial participation in the cost of carrying out the plan" [Section 124 (C)(5)(C)]. This, in addition with the rising administrative costs, seriously impacts the Council's ability to carry out its mandates.
- The Olmstead Decision; Makin Settlement and new lawsuit (filed in 9/03); HCBS waiver amendments and renewal application; and managed care initiatives increase the need for the Council to provide expanded services in the areas of education, training and technical assistance to individuals with DD and their families.
- 3. Funding for Developmental Disabilities Services: The budget for the Developmental Disabilities Division was increased significantly to meet the Makin Settlement requirements in developing a comprehensive plan for keeping the wait list moving at a reasonable pace and providing HCB waiver services to those on the wait list. Efforts must continue to assure that individuals on the wait list for DD/MR waiver services are provided services in a timely manner and use of funds are used efficiently and effectively. Insufficient funding to the DD Division may require the Council to pursue legislative action and other funding opportunities to assure adequate funding is available.
- 4. Act 133, SLH 1998: Hawaii is the only state in the nation with a self-determination law for persons with DD. The DD Division has committed to the implementation of this law. Council needs to continue to support these efforts through education and training activities with the DD Division and community.

## G. Discussion of Cost, Effectiveness, and Program Size Data

The cost to the State for this program is low, even if the State were to fund at the required 25 percent match rate. The impact for the State and for people with DD is much greater than the cost. Through its advocacy, the Council has assisted the State in moving the developmental disabilities system toward a more effective system for supporting people with developmental disabilities. Additionally, the Council has consistently pursued grant dollars to support the State's efforts in the area of family support and donated dental services.

The ability of the Council to continue to address the multitude of challenges involved in systems change in Hawaii is severely threatened by the decreasing number of dollars available to carry out policy analysis and continue the education and training the community and providers need. Although the Council's primary target group is individuals with DD and their families, the secondary target is the policy makers who develop and implement the system of supports; this includes much more than the Department of Health. The Departments of Human Services, Education, Transportation, and Legislative Branch constitute a second target that demands a level of diversity that is difficult to find in a small, over extended staff.

## H. Discussion of Program Revenues None.

## I. Summary of Analysis Performed

The Council provided feedback on the guardianship statute during the 2004 Legislative Session and initial analysis completed on individual budgets, level of care, licensing of residential settings, and case management.

J. Further Considerations None.

REPORT P61-A

PROGRAM ID:

**HTH906** 

PROGRAM STRUCTURE NO. 050501

PROGRAM TITLE:

COMPREHENSIVE HEALTH PLANNING

		IN DOLL	ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES	8.00* 438,412	8.00* 438,412	8.00* 455.911	8.00* 455.967	8.0* 456	8.0* 456	8.0*	8.0*
OTHER CURRENT EXPENSES	68,051	78,051	78,051	78,051	78	78	456 78	456 78
TOTAL OPERATING COST	506,463	516,463	533,962	534,018	534	534	534	534
	=======================================	******				=======	*****	
BY MEANS OF FINANCING				1				
	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*
GENERAL FUND	477,463	477,463	494,962	495,018	495	495	495	495
SPECIAL FUND	29,000	39,000	39,000	39,000	39	39	39	39
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*
TOTAL PROGRAM COST	506,463	516,463	533,962	534,018	534	534	534	534
	==========		=========			207		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

## PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH-906

PROGRAM STRUCTURE NO: 050501

PROGRAM TITLE:

COMPREHENSIVE HEALTH PLANNING

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % CERT OF NEED APPL RELATING TO HTH SVS & FAC PLAN	83	93	95	95	95	95	95	95
2 % CON APPL APPRVD BASED ON FINDGS REL TO HSFP	85	85	85	85	85	85	85	85
3 % SHCC MTG TIME SPENT ON REVU/RECOM ON CERT APPL	25	25	25	25	25	25	. 25	25
4 % SHCC MEETG TIME SPENT ON REVU/REVSG/APPRV HSFP	30	30	30	30	30	30	30	30
5 % SAC MTG TIME SPENT ON REVU/RECOM ON CERT APPL	35	35	35	35	35	35	35	35
6 % SAC MEETG TIME SPENT ON REVU/REVSG/APPRV HSFP	35	35	35	35	35	35	35	35
7 % PREVIOUS YEAR'S CON APPROVALS MONITORED	100	100	100	100	100	100	100	100
8 % HEALTH CARE FAC SUBM SEMI-ANN REPTS ON TIME	95	95	95	95	95	95	95	95
9 %USERS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL	90	90	90	90	90	90	90	90
10 NUMBER OF SPECIAL REPORTS PUBLISHED	2	2	2	2	2	2	2	2
PROGRAM TARGET GROUPS								
1 ALL RESIDENTS IN THE STATE OF HAWAII	1260	1269	1269	1269	1269	1269	1269	1269
2 VOLUNTEERS INVOLVED IN SHCC/SUBAREA COUNCILS	135	140	140	140	140	140	140	140
3 PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS	85	85	85	85	85	85	85	85
4 HEALTH CARE RESEARCHERS AND DEVELOPERS	35	35	35	35	35	35	35	35
5 HEALTH CARE FOCUSED ASSOCIATIONS	12	12	12	12	12	12	12	12
PROGRAM ACTIVITIES								
1 PLNNG, RESEARCH & REVIEW ACTIV (PROF PERSON DAYS)	790	790	790	790	790	790	790	790
2 DATA MANAGEMENT ACTIVITIES	212	212	212	212		212	212	212
3 HSHCC AND SAC SUPPORT AND TRAINING	225	225	225	225	225	225	225	225
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY	3	3						
REVENUE FROM OTHER AGENCIES: FEDERAL								
ALL OTHER								
CHARGES FOR CURRENT SERVICES	115	39	39	39	39	39	39	39
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	118	42	39	39	39	39	39	39
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	119	42	39	39	39	39	39	39
TOTAL PROGRAM REVENUES	119	42	39	39	39	39	39	39

### A. Statement of Program Objectives

Provide a statewide process that involves consumers and providers of health care in the development and implementation of a Health Services and Facilities Plan for the State of Hawaii which will promote equal access to quality health services at a reasonable cost.

B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u>

Not applicable.

## C. <u>Description of Activities Performed</u>

- 1. The Hawaii Health Performance Plan or H2P2 (aka Hawaii Health Services and Facilities Plan, HRS 323D-15) is the foundation document upon which all of the Agency's activities are based. It is the result of private health providers, health systems, health plans, public health entities, independent health practitioners, consumers, business and the non-profit sectors planning together for healthier communities.
- In conjunction with H2P2, community health care needs assessments are continuing statewide. These projects involve a broad range of committed individuals and agencies.
- 3. A certificate of need (Certificate) program for medical facilities and services is administered that is consistent with the Hawaii Health Performance Plan. Certificate exemptions and implementation plans are monitored.
- 4. The Agency collects, analyzes and reports certain health data. The main report is the utilization report of outpatient facilities data.

### D. Statement of Key Policies Pursued

1. The Hawaii Health Performance Plan (H2P2) for the State of Hawaii has both statewide and regional policy priorities. Priorities were determined through a collaborative effort entailing the health status of the population (statewide and regional); understanding the access, quality, and or cost issues in the health care delivery system that impede health status improvements; and acknowledging

changes in the environment, health care delivery system or other related situations.

 H2P2 is used as a guide for establishing the need for proposed health services and facilities requiring a Certificate. Institutional and community use thresholds guide the development of new, modified or expanded health care facilities and services.

#### E. Identification of Important Program Relationships

The Agency's H2P2 is relevant to several state initiatives. However, the Agency's major customers are the private sector health providers and health plans many of whom have integrated H2P2 into their own strategic plans. Further, with the positioning of Hawaii as an international health and wellness destination, H2P2 provides core market data to implement such an initiative.

#### F. Description of Major External Trends Affecting the Program

- 1. Changes in the health insurance reimbursement methods and trends in the delivery of care; i.e., ambulatory care.
- 2. New developments in technology will shape future successes in medical research, pharmaceuticals, information and medical technology.
- 3. Keeping up with the need for technologically trained health professionals and para-professionals in highly technical health services.
- 4. The increasing rate of an aging population that will be older and ethnically diverse.
- 5. The continuing concerns regarding rural health care access and quality of care issues.
- 6. The development of Hawaii as the health and wellness center of the Pacific.

## G. Discussion of Cost, Effectiveness, and Program Size Data

The Agency partners with the private sector in order to facilitate the health care industry's growth and development. As a hybrid public utility, health care is regulated to insure access to quality care at a reasonable cost.

From a cost effectiveness standpoint, the Agency with a staff of seven has produced meaningful outcomes for our second largest industry, health care. The Agency has streamlined the review time for certificate of need applications; turnaround can be as fast as three weeks. Secondly, H2P2 is the result of a collaboration with the private health industry and is being used by the industry in their strategic plans.

In addition, the expertise/approach to health care industry planning represented in H2P2 is exportable to Asia. Finally, the subarea health planning councils are implementing H2P2 for the benefit of their communities. They include: 1) the successful formation of an Asthma coalition in Windward Oahu in partnership with the community/local health providers resulting in pilot projects at four public schools; 2) the establishment of an Employee Assistance Program on the Big Island for small businesses in partnership with the Chamber of Commerce; 3) brochures on senior medications distributed to over 75,000 seniors in partnership with local banks; 4) dental health partnerships on Maui and Kauai. These projects resulted from Agency/community partnerships and did not require additional funds from the State.

The Agency continues to maximize its professional resources and partnership track record for state and regional health planning and implementation functions. And, in fact, the Agency has branched into the facilitation of health technology and biotechnology activities, as per HRS 323D, while maintaining services and outcomes for its traditional customers.

#### H. Discussion of Program Revenue

In 1999, the Legislature required the Agency to assess fees as appropriate for the Certification program. The Legislature deleted \$29,000 in general funds from the budget and asked the Agency to make up the deficit in special fund revenue. For the first time in history, the Agency implemented a modest application fee for the Certification program. After going through the required administrative rule making

process, the fee was implemented in July 2000. The Agency has been able to generate enough revenue to cover the special fund target set by the Legislature.

#### I. Summary of Analysis Performed

The H2P2 represents an analysis of the health care industry in Hawaii based on outcomes. It was the result of a partnership between communities statewide and the health care industry. The Plan is a living document of refinement and implementation.

### J. Further Considerations

None.

REPORT P61-A

PROGRAM ID:

**HTH907** 

PROGRAM STRUCTURE NO. 050504

PROGRAM TITLE:

GENERAL ADMINISTRATION

		IN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	115.50*	117.50*	117.50*	117.50*	117.5*	117.5*	117.5*	117.5*
PERSONAL SERVICES	5,527,836	5.797.530	6,190,712	6,191,662	6,192	6,192	6,192	6,192
OTHER CURRENT EXPENSES	1,899,528		2,602,770	2,602,770	2,603	2,603	2,603	2,603
TOTAL OPERATING COST	7,427,364	8,400,300	8,793,482	8,794,432	8,795	8,795	8,795	8,795
BY MEANS OF FINANCING								
DI MENIS DI TINANCING	115.50*	117 70.	117 50.	447.50				
GENERAL FUND		117.50*	117.50*	117.50*	117.5*	117.5*	117 <i>.5</i> *	117.5*
GENERAL FOND	7,106,304	7,095,391	7,488,573	7,489,523	7,490	7,490	7,490	7,490
ATHER SER TIMES	*	*	*	*	*	*	*	*
OTHER FED. FUNDS	321,060	1,304,909	1,304,909	1,304,909	1,305	1,305	1,305	1,305
CAPITAL IMPROVEMENT COSTS								
DESIGN	10,000	240,000	644,000					
CONSTRUCTION	10,000	1,750,000	1,000	4 500 000				
341131113312311		1,750,000	1,000	4,590,000				
TOTAL CAPITAL EXPENDITURES	10.000	1,990,000	645,000	4,590,000				
TOTAL CHARTE EMPLOYED	10,000	1,,,0,000	045,000 ==========	4,550,000	*****			
					**======			=======
BY MEANS OF FINANCING				į				
G.O. BONDS	10,000	1,990,000	645,000	4,590,000				
TOTAL POSITIONS	115.50*	117.50*	117.50*	117.50*	117.50*	117.50*	117.50*	117.50*
TOTAL PROGRAM COST	7,437,364	10,390,300	9,438,482	13,384,432	8.795	8.795	8,795	8,795
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PERFORMANCE MEASURES AND PROGRAM REVENUES REPORT P62

PROGRAM ID:

HTH-907

PROGRAM STRUCTURE NO: 050504

PROGRAM TITLE:

GENERAL ADMINISTRATION

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % OF GRIEVANCES RESOLVED	83	88	88	88	88	88	88	88
PROGRAM TARGET GROUPS								•
1 STATEMIDE POPULATION (000)	1222	1270	1270	1270	1270	1270	1270	1270
PROGRAM ACTIVITIES								
1 # LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY 2 NUMBER OF GRIEVANCES REGISTERED	2080 60	1000 70	2000 70	1000 70	2000 70	1000 70	2000 70	1000 70
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL ALL OTHER	1,776	2,513	1,970	1,969	1,969	1,969	1,969	1,969
CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	216	216	216	216	216	216	216	216
TOTAL PROGRAM REVENUES	1,992	2,729	2,186	2,185	2,185	2,185	2,185	2,185
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS	of DOLLARS):							
GENERAL FUND SPECIAL FUNDS	216 1,776	216 2,513	216 1,970	216 1,969	216 1,969	216 1,969	216 1,969	216 1,969
TOTAL PROGRAM REVENUES	1,992	2,729	2,186	2,185	2,185	2,185	2,185	2,185

## A. Statement of Program Objectives

To enhance the effectiveness and efficiency of overall departmental functions by planning, formulating policies, directing operations and personnel, and by providing other administrative support.

# B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

Three temporary, general funded positions are requested to be transferred/traded off for three positions in the Administrative Services Office to assume additional and existing workload increases—an Accountant IV and Procurement & Supply Specialist to oversee the department's Procurement Card (pCard) program; and a Facilities Manager to assume functions currently overseen by the CIP Coordinator and ASO Chief along with some additional responsibilities (0.00/106,703 A; 0.00/106,703 A).

These positions are necessary to maintain manageable workload levels without increasing the burdens of the already overloaded staff in the Fiscal and Facility areas of the ASO.

## C. <u>Description of Activities Performed</u>

All of the activities are administrative in nature and involve development of departmental policy in short- and long-term program planning, overall management of personnel, physical, and financial resources as they relate to health and general supportive services to the various health programs.

Included in this program are the Office of the Director, Administrative Services Office, Affirmative Action Office, District Health Offices in Hawaii, Maui and Kauai

counties, Health Information Systems Office, and the Office of Planning, Policy and Program Development, and the department's Personnel Office.

## D. Statement of Key Policies Pursued

The mission of the Department of Health is to protect and improve the health and environment for all people in Hawai'i. As a health provider of last resort, the department acknowledges that essential health, life, and safety services, which are uninsurable and which cannot or will not be provided by the private sector, must necessarily be assured by the State. Moreover, the Department recognizes that health and safety are requisites for the productivity, participation, and vitality of all of Hawaii's people, whether they are school-aged children and youth, adults in the workforce, or elders involved in child care, long term care, community service, or part-time employment. In exercising its leadership role, the Department is steadfastly committed to empowering Hawaii's people to exercise maximum personal responsibility for their health and well-being and to promoting programs which prevent the need for costly health and social service intervention.

# E. Identification of Important Program Relationships

The program relationships span the department and involve the direct operational staff programs within the department. This program provides leadership, guidance, and staff support to assist Federal and other State and County agencies, and private sector programs in effectively conducting the department's programs.

## F. <u>Description of Major External Trends Affecting the Program</u>

This administrative support program is not directly affected by major external trends, but is directly affected in the area of resources, since the program is

necessary to provide the executive and staff administrative functions to manage the operating programs that provide direct health services to the community.

## G. Discussion of Cost, Effectiveness, and Program Size Data

The cost data reflected in the Program and Financial Plan are to maintain the present program necessary to provide continuous administrative services.

### H. Discussion of Program Revenue

The Program's revenue consists of federal funds from the Preventive Health and Health Services Block Grant, the Critical Access Hospital program, and the State Office of Rural Health Grants.

Other revenue comes from the Administrative Cost Claiming of Title XIX (Medicaid) federal funds by conducting Random Moment Study interviews of the departmental employees. Reimbursements either go into the Mental Health and Substance Abuse Special Funds for Adults or the Child & Adolescent Mental Health programs or into the State Treasury.

## I. Summary of Analysis Performed

No current analyses have been performed.

## J. Further Considerations

None.

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# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

PROGRAM STRUCTURE NO. 06

PROGRAM TITLE:

SOCIAL SERVICES

		IN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	16.00*	16.00*	16.00*	16.00*	16.0*	16.0*	16.0*	16.0*
PERSONAL SERVICES	1,902,316	1,902,316	1,972,193	1,972,391	1,972	1,972	1,972	1,972
OTHER CURRENT EXPENSES	12,107,709	12,318,309	12,213,009	12,213,009	12,213	12,213	12,213	12,213
TOTAL OPERATING COST	14,010,025	14,220,625	14,185,202	14,185,400	14,185	14,185	14,185	14,185
BY MEANS OF FINANCING				1				
	8.55*	8. <i>55</i> *	8.55*	8.55*	8.6*	8.6*	8.6*	8.6*
GENERAL FUND	6,880,705	7,091,305	7,033,882	7,034,080	7,034	7,034	7,034	7.034
SPECIAL FUND	10,000	10,000	10,000	10,000	10	10	10	10
	7.45*	7.45*	7.45*	7.45*	7.4*	7.4*	7.4*	7.4*
OTHER FED. FUNDS	7,119,320	7,119,320	7,141,320	7,141,320	7,141	7,141	7,141	7,141
CAPITAL IMPROVEMENT COSTS DESIGN CONSTRUCTION	10,000	40,000 450,000						
TOTAL CAPITAL EXPENDITURES	10.000							
TOTAL CAPITAL EXPENDITURES	10,000	490,000	*****	=======================================		=======		========
BY MEANS OF FINANCING				1				
G.O. BONDS	10,000	490,000		i !				
TOTAL POSITIONS	16.00*	16.00*	16.00*	16.00*	16.00*	16.00*	16.00*	16.00*
TOTAL PROGRAM COST	14,020,025	14,710,625	14,185,202	14.185.400	14,185	14,185	14, 185	14.185
		=======================================	========		,	=======	=======	17,107

REPORT P61-A

PROGRAM ID:

HTH520

PROGRAM STRUCTURE NO. 060403
PROGRAM TITLE: PRG DEV, COORD OF SVS, ACCESS FOR PERS W/D

		IN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
PERSONAL SERVICES	684,045	684,045	725,161	725,331	725	725	725	725
OTHER CURRENT EXPENSES	145,973	356,573	251,273	251,273	251	251	251	251
TOTAL OPERATING COST	830,018	1,040,618	976,434	976.604	976	976	976	976
	*********							
BY MEANS OF FINANCING				!				
	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
GENERAL FUND	820,018	1,030,618	966,434	966,604	966	966	966	966
SPECIAL FUND	10,000	10,000	10,000	10,000	10	10	10	10
TOTAL POSITIONS	5.00*	5.00*	5.00*	5.00*	5.00*	E 00+	E 00:	5 00v
TOTAL PROGRAM COST	830,018	1.040.618	976,434	976.604		5.00*	5.00*	5.00*
TOTAL PROMPT COOL	830,018	1,040,616	7/0,434	976,604	976	976	976	976
					=======	========	<b>2222222</b>	=======

REPORT P62

PROGRAM ID:

HTH-520

PROGRAM STRUCTURE NO: 060403

PROGRAM TITLE:

PRG DEV, COORD OF SVS, ACCESS FOR PERS W/D

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 % OF BOARD PUBLIC POLICY RECOMMENDATIONS ADOPTED 2 % INCOMING REQUESTS ADEQUATELY RESPONDED TO 3 % OF OBJECTIVES IN DCAB PLAN OF ACTION COMP 4 % OF INTERPRETERS TESTED WHO ARE CREDENTIALED	80 90 90 50	80 90 90 50	80 90 90 50	80 90 90 50	80 90 90 50	80 90 90 50	80 90 90 50	80 90 90 50
5 % OF DOCUMENT REVIEWS WITHOUT DISCREPANCIES	80	80	80	80	80	80	80	80
PROGRAM TARGET GROUPS								
1 PERSONS WITH DISABILITIES	177907	186502	199557	213525	228471	244463	244463	244463
PROGRAM ACTIVITIES								
1 # OF NEWSLETTERS, FACT SHEETS & BROCHURES DISTRIB 2 # OF SIGN LANGUAGE INTERPRETERS TESTED 3 # OF INO & REFERRAL & TECH ASST REQUESTS RECEIVED 4 # OF DISABLED PERSONS PARKING PERMITS ISSUED 5 # OF PUBLIC INFO & EDUCATION TRNG CONDUCTED 6 # BLUEPRINT DOCUMENT REVIEWED 7 # OF INTERPRET OPINIONS & SITE-SPECALT DESIGNS ISS 8 # PUBLIC POLICY RECOMMENDATIONS 9 # COMMUN ADVISORY COMMITTEES AS ACTIVE PARTICPANTS  PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):  TAXES LICENSES, PERMITS AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50 20	12 10 7000 25000 70 1500 15 50	12 10 7000 25000 70 1500 15 50 20
ALL OTHER CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS	3	4	4	4	4	4	4	4
TOTAL PROGRAM REVENUES	3	4	4	4	4	4	4	4
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							·
SPECIAL FUNDS	3	4	4	4	4	4	4	4
TOTAL PROGRAM REVENUES	3	4	4	4	4	4	4	٨

## A. Statement of Program Objectives

To ensure that persons with disabilities are provided equal access to programs, services, activities, employment opportunities, and facilities to participate fully and independently in society.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

None.

## C. <u>Description of Activities Performed</u>

- Establish guidelines for the design of buildings, facilities, and sites by or on behalf of the State and counties in accordance with Section 103-50, HRS.
- Provide review and recommendations on all State and county plans for buildings, facilities, and sites in accordance with Section 103-50, HRS.
- 3. Establish guidelines for the utilization of communication access services provided for persons who are deaf, hard of hearing, or deaf blind in State programs. Guidelines include, but are not limited to, determining the qualifications of interpreters who may provide services, the amount of payment to interpreters, and the credentialing of interpreters who do not hold national certification via a state screening process.
- Administer the Statewide program for parking for disabled persons, in accordance with Part III of Chapter 291, HRS.
- Serve as public advocate of persons with disabilities by providing advice and recommendations on matters relating to access for persons with disabilities, with emphasis on legislative matters, administrative rules, policies, and procedures of State and county governments.
- Review and assess the problems and needs relating to access for persons with disabilities in the State in order to provide recommendations in the improvement of laws and services

- Serve as the designated State agency to coordinate the efforts of the State to comply with the requirements of the Americans with Disabilities Act for access to services, employment, telecommunications, and facility and site design.
- 8. Provide technical assistance and guidance to, but not limited to, State and county entities in order to meet the requirements of state, federal and county laws, providing access for persons with disabilities through public education programs and other voluntary compliance efforts.

## D. Statement of Key Policies Pursued

The Disability and Communication Access Board is mandated by HRS 348F and has a required function of document reviews under HRS 103-50 and parking coordination under Chapter 291, Part III, HRS.

Key policies pursued are based on implementation of various federal and state laws including, but not limited to, the Americans with Disabilities Act (ADA), the Federal Fair Housing Act, the Individuals with Disabilities Education Act, the Air Carrier Access Act, the Telecommunications Act, Section 504 of the Rehabilitation Act, the Uniform Handicapped Parking Systems Law, state civil rights laws, and state and county building codes and design standards.

#### E. <u>Identification of Important Program Relationships</u>

At the federal level, the Disability and Communication Access Board (DCAB) establishes liaisons with the U.S. Department of Justice, U.S. Equal Employment Opportunity Commission, the U.S. Access Board, the U.S. Department of Transportation, the U.S. Department of Housing and Urban Development, and the Federal Communications Commission, all of which enforce laws relating to the civil rights or access of persons with disabilities. The DCAB is often the State of Hawaii's contact point for information dissemination and technical assistance from those agencies on new developments in rules and regulations. The DCAB is the State contact for provision of technical assistance on the ADA through the National Institute of Disability and Rehabilitation Research.

At the State level, the DCAB serves as coordinator for ADA compliance of all State agencies. Twenty nine (29) ADA Coordinators in each department implement guidance and programs provided by DCAB.

The DCAB also enters into a memorandum of agreement with the State Department of Education to operate the Special Parent Information Network, a parent-based information system for parents of special needs children, in fulfillment of the Individuals with Disabilities Act.

At the county level, the DCAB provides technical assistance in implementation of the ADA to the four (4) county ADA Coordinators. In addition, the DCAB provides placards to each of the four (4) counties for the implementation of the 'handicapped parking program' and works closely with police and other law enforcement agencies to enforce the use of the reserved stalls for persons with disabilities.

## F. <u>Description of Major External Trends Affecting the Program</u>

The DCAB currently oversees the administration of the Statewide program for handicapped parking under Chapter 291. Part III, HRS, under the federal P.L. 100-641, the Uniform Handicapped System Parking Law. This involves the issuance of parking placards to eligible persons with disabilities to allow them to park in stalls reserved for such use. The actual issuance of the parking placards is done by the four (4) counties with costs recouped by the counties through the assessment of a fee for the placard. However, two (2) recent federal court cases have ruled that the fee is an impermissible surcharge. As a result, the fees have been discontinued and the revenue source of approximately \$300,000 has been lost to the counties. Since the counties are doing a function for the State and are no longer able to generate revenue to cover costs, it is possible that the counties will no longer be willing to undertake the function without compensation from the State.

Another external trend is the ADA, now in its 13th year of enactment. The ADA required the development of an equal number of self evaluations and transition plans, particularly for the removal of architectural barriers. Because the transition plans are now in the implementation phase, there is a disproportionate number of construction

documents which must be reviewed by DCAB under HRS 103-50. This additional workload relating to increased capital improvement projects is expected to be sustained for the next two biennium budgets, at minimum, while the transition plans are being implemented.

## G. Discussion of Cost, Effectiveness, and Program Size Data

No significant data to report.

H. Discussion of Program Revenue

None.

Summary of Analysis Performed

None.

#### J. Further Considerations

None.

REPORT P61-A

PROGRAM ID:

HTH904

PROGRAM STRUCTURE NO. 060402

PROGRAM TITLE:

EXECUTIVE OFFICE ON AGING

DROCOLN FURTHER THREE		IN DOLL	.ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2003-04	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	11.00* 1,218,271 11,961,736		11.00* 1,247,032 11,961,736	11.00* 1,247,060 11,961,736	11.0* 1,247 11,962	11.0* 1,247 11,962	11.0* 1,247 11,962	11.0* 1,247 11,962
TOTAL OPERATING COST	13,180,007		13,208,768	13,208,796	13,209	13,209	13,209	13,209
BY MEANS OF FINANCING				!				
GENERAL FUND	3.55* 6,060,687 7.45*	3.55* 6,060,687	3.55* 6,067,448	3.55* 6,067,476	3.6* 6,068	3.6* 6,068	3.6* 6,068	3.6* 6,068
OTHER FED. FUNDS	7,119,320	7.45* 7,119,320	7.45* 7,141,320	7.45* 7,141,320	7.4* 7,141	7.4* 7,141	7.4* 7,141	7.4* 7,141
CAPITAL IMPROVEMENT COSTS DESIGN CONSTRUCTION	10,000	40,000 450,000						
TOTAL CAPITAL EXPENDITURES	10,000	490,000		=======================================	****	=======		*******
BY MEANS OF FINANCING G.O. BONDS	10,000	490,000						
TOTAL POSITIONS TOTAL PROGRAM COST	11.00* 13,190,007	11.00* 13,670,007	11.00* 13,208,768	11.00* 13,208,796	11.00* 13,209	11.00* · 13,209	11.00* 13,209	11.00* 13,209

# PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH-904

PROGRAM STRUCTURE NO: 060402

PROGRAM TITLE:

EXECUTIVE OFFICE ON AGING

	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
MEASURES OF EFFECTIVENESS								
1 OF ALL PERSONS 60 YEARS & OLDER, % SERVED	39	39	39	39	39	39	39	39
2 OF ALL REGIS CLIENTS, INCL CAREGIVERS, % MINORITY	75	75	75	75	75	75	75	75
3 ALL REG CLIENTS&CAREGVRS, % IN GREATEST ECON NEED	28	28	28	28	28	28	28	28
4 ALL REG CLIENTS&CAREGVRS, % LO-INCOME MINORITY	21	21	21	21	21	21	21	21
5 ALL REG CLIENTS&CAREGYRS, % LIVG IN RURAL AREAS	38	38	38	38	38	38	38	38
6 ALL REG CLIENTS, % W/DIFFIC DOING 1 OR MORE ADL	37	37	37	37	37	37	37	37
7 ALL REG CLIENTS, % W/DIFFIC DOING >1 INSTRMTL ADL 8 % OMBUDSMAN PROGRAM CASES RESPONDED W/IN 72 HRS	63 95	63 95	63 95	63 95	63 95	63	63	63
PROGRAM TARGET GROUPS	//	,,	72	70	70	95	95	95
1 # ADULTS AGE 60 YEARS AND OLDER	224493	230600	238240	245880	253520	261160	268800	276440
2 #ADULTS AGE 60 AND OLDER WHO ARE MINORITY	172363	177052	182918	188784	194650	200515	206381	212247
3 #ADULTS>60 IN GREATST ECON NEED (BELOW 115% POVTY)	27276	28018	28946	29874	30803	31731	32659	33587
4 #ADULTS>60 LOW-INCOME MINORITY (BELOW 115%POVTY)	21888	22484	23228	23973	24718	25463	26208	26953
5 #ADULTS AGE 60 AND OLDER WHO LIVE RURAL AREAS	53093	54537	56344	58151	59957	61764	63571	65378
6 #PERSONS >60 W/1 OR MORE DISABILITIES	86250	88597	91532	94467	97402	100338	103273	106208
7 #FAMILY CAEGVRS OF ADULTS 60 YRS AND OLDER	136380	137334	139027	140721	142414	144108	145801	147494
8 #RESIDTS IN LIC LTC NRSG HOMES/ARCH/ASST LVG FACIL	8525	8525	8525	8525	8525	8525	8525	8525
PROGRAM ACTIVITIES								
1 #PERS-DAYS FOR NDS ASSMT/COORD/ADMIN OF AGING PLNS	4000	4000	4000	4000	4000	4000	4000	/000
2 # PERSONS SERVED BY NUTRITION PROGRAM	9000	9000	9000	9000	9000	9000	4000	4000
3 # PERSONS SERVED BY PUBLIC INFO & EDUCATIONAL SYS	100000	100000	100000	100000	100000	100000	9000 100000	9000
4 # PERSONS SERVED BY ACCESS SERVICES	48300	48300	48300	48300	48300	48300	48300	100000
5 # PERSONS SERVED BY IN-HOME SERVICES	3100	3100	3100	3100	3100	3100	3100	48300 3100
6 # PERSONS SERVED BY COMMUNITY-BASED SERVICES	7500	7500	7500	7500	7500	7500	7500	7500
7 # FAMILY CAREGIVERS SERVED	10845	10845	10845	10845	10845	10845	10845	10845
8 # ACTIVE CASES IN OMBUDSMAN PROGRAM	60	60	60	60	60	60	60	60
PROGRAM REVENUES BY TYPE (IN THOUSANDS OF DOLLARS):								
TAXES								
LICENSES, PERMITS AND FEES								
REVENUES FROM THE USE OF MONEY AND PROPERTY								
REVENUE FROM OTHER AGENCIES: FEDERAL	5,763	5,517	5,517	5,517	5,518	5,518	5,518	5.518
ALL OTHER	480	400	400	400	400	400	400	400
CHARGES FOR CURRENT SERVICES							400	400
FINES, FORFEITS AND PENALTIES								
NON-REVENUE RECEIPTS								
TOTAL PROGRAM REVENUES	6,243	5,917	5,917	5,917	5,918	5,918	5,918	5,918
PROGRAM REVENUES BY FUND TO WHICH DEPOSITED (IN THOUSANDS O	F DOLLARS):							
SPECIAL FUNDS	6,243	5,917	5,917	5,917	5,918	5,918	5,918	5,918
TOTAL PROGRAM REVENUES	6,243	5,917	5,917	5,917	5,918	5,918	5,918	5,918

#### A. Statement of Program Objectives

To enable older persons to live, to the greatest extent possible, healthy, dignified and independent lives by assuring an accessible, responsive and comprehensive system of services through advocacy, planning, coordination, research, and evaluation.

## B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

The program is requesting the addition of 0.5 FTE to Position No. 103512 (100% Federal Funds) in the Executive Office on Aging. (0.00/\$22,000N; 0.00/\$22,000N).

#### C. <u>Description</u> of Activities Performed

The Executive Office on Aging receives federal Title IV Senior Medicare Patrol grant funds from the U.S. Administration on Aging to educate and engage older adults in learning about and detecting fraudulent practices related to Medicare and Medicaid benefits. The SageWatch grant program involves developing a training curriculum; recruiting volunteers; teaching volunteer retired professionals to identify deceptive health care practices and report health care fraud, waste and abuse; and training volunteers to do presentations to community groups and senior organizations.

#### D. Statement of Key Policies Pursued

The Executive Office on Aging is the lead State agency that serves all adults 60 years and older and family caregivers in the State of Hawaii. As authorized by the U.S. Administration on Aging and Hawaii Revised Statutes, Chapter 349, the Executive Office on Aging is responsible for assuring information about and access to opportunities and services for older adults and for seeking resources that will help meet the needs of the diverse older population. The Office applies for and receives federal and other grants in order to implement mandates set by the Older Americans Act and Hawaii Revised Statutes.

Medicare and Medicaid beneficiaries are entitled to proper application of their benefits to their medical costs. They require literacy in these programs and the ability to detect errors or deliberate misinformation in their billings as well as the ability to detect and report fraudulent practices.

In the Title IV Senior Medicare Patrol grant program, SageWatch, the U.S. Administration on Aging has approved the addition of 0.5 FTE to Position No. 103512. This will increase

grant program staffing to 2.0 FTE positions and assure adequate staffing to meet the goals and objectives of the Title IV Senior Medicare Patrol grant program, called SageWatch, that recruits and trains older volunteers to counsel older adults statewide in the prevention of Medicare and Medicaid fraud.

#### E. Identification of Important Program Relationships

The SageWatch grant program coordinates its efforts with law enforcement, Medicare, Medicaid and senior organization programs throughout the State and includes such representatives in its advisory council.

### F. Description of Major External Trends Affecting the Program

Significant changes in Medicare and Medicaid health insurance programs through 2006 are requiring federal and state offices to assure a public that is well-informed about new rules and regulations and how these will impact decision-making about health care and drug coverage options. Ignorant older adults are most vulnerable to fraudulent and criminal behaviors relative to federal benefits.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The Executive Office on Aging presently serves 15 to 20 percent of the State's 60+ population of 224,493, and also serves family caregivers. The Office, through its network of County Agencies on Aging, provides a wide range of services that especially help Hawaii's most vulnerable and frail elderly remain in the desired home setting for as long possible. Further, Hawaii's aging services and programs prevent or delay dependency of the larger older adult population through information and counseling programs such as SageWatch.

#### H. Discussion of Program Revenue

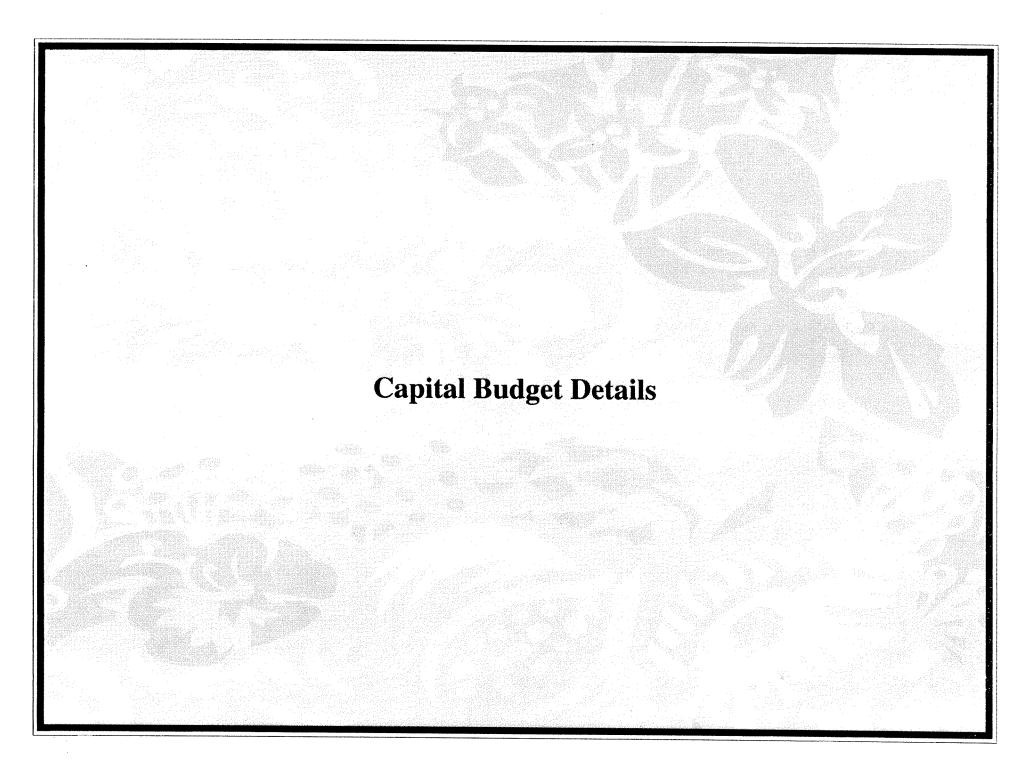
None.

#### I. Summary of Analysis Performed

None.

## J. Further Considerations

None.



,			

PROGRAM TITLE

HTH-210

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 83

PROGRAM STRUCTURE NO. 050201

HAWAII HEALTH SYSTEMS CORPORATION

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE			BUDGET P	ERIOD					
NUMBER	NUMBER	COST	ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEED YEARS
05001			NEM	LUMP SUM CIP	- LIFE SAFE	TY PROJECTS -	- FIRE	PROTECTION,	ROOFING, E	LECTRICAL U	JPGRADES,			
		DESIG CONST EQUIP	RUCTION	557 5,828 450				507 4,878 175	50 950 275					
		TO	TAL	6,835				5,560	1,275					
			BONDS	6,835				5,560	1,275	<del></del>				and the country of th
 HSC41			OTHER	KOHALA HOSPIT	AL, EMERGE	ICY ELECTRICA	L SYSTEM	SWITCH, HAW	AII		<b>185</b> 1850 1840 1848 1840, 1847 1844 1847 1847 1847 1847 1847 1847			
		CONST	RUCTION	100		100								
		TC	OTAL	100		100								
		G.O.	BONDS	100		100				100 CH2 (10) 200 200 200 200 200 AND				
 HHSC43			RENOVATION	KAUAI VETS ME	MORIAL HOS	P, REROOF MED	ICAL	SURG, SNF,	NURSING ADM	IN, PT, &	OT, KAUAI			
		DESIG	GN FRUCTION	25 296		25 296								
		TO	OTAL	321		321	. <del> </del>							
		G.O.	BONDS	321		321								delle unter diete bleit hälle sower neuer sower unter unter unter
HHSC44			RENOVATION	HILO MEDICAL	CENTER EME	RGENCY ROOM		RENOVATION,	HAWAII	- 170 670, 1747 600, 604 664 664 664 665 667 667				Table April Addr April April April 1984 April April April 40
				192 385 2,509			19: 38: 2,50	5						
			OTAL	3,087			3,08	 7						
		G.O.	BONDS	3,087			3,08	 7						

HTH-210

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 86

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE HAWA	II	HEALTH	SYSTEMS	CORPORATION
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ROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE					,				
NUMBER	NUMBER							BUDGET PER						
		COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEED YEARS
30015			NEW	HAWAII HEALTH	SYSTEMS FOU	NDATION, HAI	WAII				· · · · · · · · · · · · · · · · · · ·			
		PLANS		1		1								
		LAND		1		1								
		DESIG		2,000		2,000								
			TRUCTION	25,226		6,998		18,228						
		EQ011	PMENT 	1,000		1,000								·
		T(	DTAL	28,228	··	10,000		18,228						
		G.O.	BONDS	10,000		10,000								
		OTHE	R FED. FUN	18,228				18,228						
30016			NEM	KULAMALU SKIL	LED NURSING/	INTERMEDIAT	E CARE	FACILITY, MAUI						
		LAND		3,258		2,900	358							
		DESI		3,786		850	2,936							
			TRUCTION	12,955		0,0	12,955							
			PMENT	1.			12,755							
		T	OTAL	20,000		3,750	16,250							
		G.O.	BONDS	20,000		3,750	16,250							
				PROGRAM TOTAL	s			***						
		PLAN		673	97	1	575							
		LAND		3,259		2,901	358							
		DESI		14,732	7,161	2,875	4,139	507	50					
			TRUCTION	134,900	74,594	7,394	28,856	23,106	950					
		EQUI	PMENT 	6,375 	4,428	1,000	497	175	275					
		T	OTAL	159,939	86,280	14,171	34,425	23,788	1,275					
			R FED. FUN	18,228				18,228						
			BONDS	132,711	77,280	14,171	34,425	5,560	1,275					
		REVE	NUE BONDS	9,000	9,000									

HTH-430

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 87

PROGRAM TITLE

PROGRAM STRUCTURE NO. 050302

ADULT MENTAL HEALTH - INPATIENT

ROJECT	PRIORITY NUMBER	LOC	SCOPE	PRO	OJECT TITLE			BUDGET D	FRIAD					
HOHOLK	NOMBER	COST	ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 03-04	FY 04-05	BUDGET P FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEED YEARS
30601	0004		NEM	HAWAII STATE	HOSPITAL,	NEW FACILITIE	ES AND	VARIOUS IMPR	OVEMENTS TO	THE COMPL	EX, OAHU			
		PLANS DESIG		500 3,855 410				500 3,854 1	1 409					
		TC	OTAL	4,765	W W W W W W W W W W W W W W W W W W W	· · · · · · · · · · · · · · · · · · ·		4,355	410			* *** *** *** *** *** *** *** *** ***		
		G.O.	BONDS	4,765				4,355	410	ي چي ديب جيد مده <del>س. س. س. نث دنه س</del>				
				PROGRAM TOTAL	 LS									
		PLANS DESIG		500 3,882 643	27 233			500 3,854 1	1 409					
		TO	DTAL	5,025	260	)		4,355	410					
		G.O.	BONDS	5,025	260	)	*	4,355	410					

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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HTH-840

PROGRAM STRUCTURE NO. 040101

PROGRAM	T	I	T	L	Ε
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ENVIRONMENTAL MANAGEMENT

PROJECT NUMBER	PRIORITY	LOC SCOPE	PROJECT TITLE										
	NUMBER						BUDGET PERIOD						
		COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEED YEARS
840401	0001	NEW	WASTEWATER TR	REATMENT REVO	LVING FUND	FOR P	OLLUTION CO	NTROL, STAT	EMIDE				~~~
		CONSTRUCTION	290,425	240,761	12,515	12,515	12,317	12,317					
		TOTAL	290,425	240,761	12,515	12,515	12,317	12,317					
		OTHER FED. FUN	197,799	156,413	10,429	10,429	10,264	10,264					
		G.O. BONDS	92,626	84,348	2,086	2,086	2,053	2,053					
840402	0002	NEW	SAFE DRINKING	G WATER REVOL	VING FUND,	STATEWIDE		** ** ** ** <b></b>					
		CONSTRUCTION	100,359	61,103	9,664	9,664	9,964	9,964					
		TOTAL	100,359	61,103	9,664	9,664	9,964	9,964					
		OTHER FED. FUN	83,127	50,415	8,053	8,053	8,303	8,303		***		~ ~~ *** *** *** *** *** *** *** *** **	
		G.O. BONDS	17,232	10,688	1,611	1,611	1,661	1,661					
	* **** *** *** *** *** *** *** *** ***		PROGRAM TOTAL	LS									
		PLANS	415	415									
		DESIGN	2,328	2,328									
		CONSTRUCTION	664,868	575,948	22,179	22,179	22,281	22,281					
		TOTAL	667,611	578,691	22,179	22,179	22,281	22,281					
		G.O. BONDS	199,532	184,710	3,697	3,697	3,714	3,714					
		OTHER FED. FUN	468,079	393,981	18,482	18,482	18,567	18,567					

HTH-907

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 96

PROGRAM STRUCTURE NO. 050504

PROGRAM TITLE GENERAL ADMINISTRATION

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	BUDGET	DEDIOD								
		COST ELEMENT/MOF		PROJECT Total	PRIOR YRS	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07 08	FY 08-09	FY 09-10	FY 10-11	SUCCEED YEARS
907601	0001		RENOVATION	VARIOUS IMPRO	VEMENTS TO	DEPARTMENT	OF HEALTH	FACILITIES,	STATEWIDE		***************************************			
		DESIGN CONSTRUCTION TOTAL G.O. BONDS		644 4,591				644 1	4,590					
				5,235				645	4,590					
				5,235			man page fight than corn rack than who also as	645	4,590	man and hear way why was show and what whit and				
				PROGRAM TOTAL	.s					* *** *** *** *** *** *** ***			<del></del>	
		DES I	GN TRUCTION	974 7,261	330 2,670			644 1	4,590					
		T(	OTAL	8,235	3,000			645	4,590					
		G.O.	BONDS	8,235	3,000			645	4,590				·····	

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